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Caernarvonshire County Council

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# ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER  
OF HEALTH

FOR THE YEAR

1953

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SHREWSBURY :  
WILDING & SON LTD., PRINTERS  
CASTLE STREET



Caernarvonshire County Council

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## CAERNARVONSHIRE COUNTY COUNCIL

*To the Chairman and Members of the Health Committee*

LADIES AND GENTLEMEN,

It is a pleasure to report that the general health of the community has been maintained during the year. The preventable diseases are being gradually controlled but eternal vigilance is more than ever necessary. Although a measure of sober confidence in achievement is justified it would be foolish and even dangerous to indulge in any degree of complacency.

### **Tuberculosis**

I reported fully last year on the Tuberculosis Service provided by the Council. In spite of continual persuasion by the Council's staff and the writing of personal letters by me, it is most disappointing to record that so many adults, who are in contact with a case of tuberculosis, refuse an examination by the Chest Physician. During the year, one quarter of those referred for examination failed to attend. One of the greatest difficulties associated with the control of tuberculosis arises from the failure of those who suffer from the disease to recognise and to remember that it is infectious and to take the necessary simple precautions. Children and adults are, therefore, infected directly and quite unnecessarily. Is it not ironical that parents and others are prosecuted for inflicting bodily harm but no action is taken against them for transmitting tuberculosis? This fact is surely a condemnation of our present system of controlling tuberculosis in this country. In the Papworth Village Settlement, where many thousand children have been born to parents, one or both of whom are tuberculous, not one child has developed active tuberculosis. Further details concerning tuberculosis will be found on pages 51-58.

### **Epileptics**

It is estimated that twenty-seven persons of all ages suffer from severe degrees of epilepsy. Epileptics who need institutional care are admitted to the Maghull Colony, Liverpool. Less demand for such care has been experienced in recent years because the newer drugs control "fits" more effectively.

### **Spastics**

It is estimated that approximately 40 persons of all ages suffer from severe degrees of "spastic paralysis." An acute need for adequate training and treatment facilities does exist for cases suffering from the various forms of this disease. The North Wales Counties missed an opportunity to acquire suitable premises for such a training school in 1951. Caernarvonshire was in favour of the project.

### Midwives' Clinics

These Clinics were established in 1951 to demonstrate exercises to mothers whereby they may relax the essential muscles during childbirth to avoid pain and to facilitate the birth of the child in a natural manner. Illustrated talks are given also at the clinics on the hygiene of pregnancy, on the care of the breasts and other organs and on all other matters relating to the pregnancy and birth. The clinics are well attended and most satisfactory results have been achieved. Miss Richards, the Superintendent, has devoted much time and energy to the Clinics. Their success is largely due to her care and enthusiasm. Further details will be found on page 21.

### Care of Premature Infants

Successful results have also been achieved by this service, which was introduced in 1948. Further details will be found on pages 28-29.

A brief account of the other Maternal and Child Welfare activities of the Council is given on pages 21-23.

### Comparison of Age Distribution of Deaths

The table below shows a comparison of the number of deaths at various ages in 1930 and 1953. The total deaths in both years is very similar; there being ten fewer in 1953. A very remarkable fact is the reduction in the number of deaths in all age periods below 65 years.

TABLE 1

Year	All Ages	Under 1	1+	5+	15+	45+	65+
1930	1704	111	36	31	234	443	849
1953	1694	54	5	3	74	349	1209

To the Chairman and members of the various Committees, I offer my sincere thanks for their encouragement and interest. Many voluntary organisations and other members have rendered valuable assistance. I gladly acknowledge the good work performed by various members of the staff throughout the Department.

1954

D. E. PARRY-PRITCHARD



# COUNTY HEALTH COMMITTEE

DECEMBER 1953

*Chairman* : ALDERMAN OWEN ELLIS

*Vice-Chairman* : COUNCILLOR GRIFFITH I. EVANS, J.P., M.D., F.R.C.S.

ALD. MRS. A. FISHER, M.B.E., J.P.	COUN. DR. O. VAUGHAN JONES
„ E. R. JONES	„ LEWIS JONES
„ J. T. JONES	„ CAPT. S. T. A. LIVINGSTONE-
„ R. J. GRESLEY JONES	„ LEARMONTH, J.P.
„ CAPT. R. O. JONES	„ A. MACFARLANE
„ MRS. E. M. MARKS, J.P.	„ MRS. C. A. MIDDLETON
„ HUGH PARRY, C.B.E.	„ THOMAS MORRIS
„ J. HOWELL ROBERTS	„ ROBERT OWEN
„ W. W. SPIER	„ MRS. E. M. OXLEY
„ JOHN THOMAS, J.P.	„ A. IVOR PARRY
COUN. MRS. E. CHAMBERLAIN,	„ E. O. PARRY
„ M.B.E., J.P.	„ H. HUGHES PARRY
„ A. H. DAVIES	„ W. J. ROBERTS
„ G. BUAN DAVIES	„ J. G. ROBERTS
„ REV. H. OLIVER EVANS	„ ROBERT ROBERTS
„ J. O. HUGHES	„ E. D. ROWLANDS
„ A. HUGHES-JONES	„ J. T. ROBERTS
„ A. J. HUGHES	„ R. SHELMERDINE
„ D. T. JONES	„ D. EMRYS WILLIAMS
„ W. W. JONES	

## Added Members

<i>Representing</i>				
<i>Medical Profession</i>	...	...	DR. R. SALTER ELLIS	
			DR. J. NOEL ROBERTS	
			DR. J. MOSTYN WILLIAMS	
<i>Chemists</i>	...	...	H. HUGHES PARRY, ESQ.	
<i>Dental Surgeons</i>	...	...	COL. P. LLOYD WILLIAMS	
<i>Executive Council</i>	...	...	REV. T. IDRIS ROBERTS	
<i>Hospital Management Committee</i>			MRS. E. DARBISHIRE, J.P.	
<i>Others</i>	...	...	MRS. JOHN THOMAS	
			J. EVAN ROBERTS, ESQ.	

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<i>Clerk of the County Council</i>	...	GWILYM T. JONES, ESQ., M.A., <i>Solicitor</i>
<i>County Treasurer</i>	...	ELFYN E. WIGLEY, ESQ., B.A., A.S.A.A.

## STAFF OF THE PUBLIC HEALTH SERVICE

<i>County Medical Officer of Health and Principal School Medical Officer</i>	D. E. PARRY-PRITCHARD, M.D., D.P.H., M.B., Ch.B.
<i>Deputy County Medical Officer of Health and School Medical Officer</i>	G. WYN ROBERTS, M.B., B.Ch., B.A.O. D.P.H.
<i>Assistant Medical Officers</i> ...	M. SLATER, M.B., Ch.B., C.P.H., D.C.H. T. EVANS HUGHES, M.R.C.S., L.R.C.P.
	<div style="border: 1px solid black; padding: 2px; display: inline-block;">R. O. MORRIS, M.D., Ch.B., D.P.H.</div>
<i>Part-time Obstetrician and Gynaecologist</i>	O. VAUGHAN JONES, M.D., F.R.C.S., F.R.C.O.G., M.B., Ch.B.
<i>Part-time Paediatrician</i> ...	GWYN GRIFFITH, M.D., F.R.C.P., D.C.H., D.P.H.
<i>County Superintendent</i> ...	MISS M. RICHARDS, S.R.N., S.C.M., H.V., M.T.D., Q.N.S.
<i>Superintendent Health Visitor</i> ...	MISS W. M. MILLS, S.R.N., S.C.M., H.V.
<i>Welfare and Rehabilitation Officer</i>	MISS H. J. CROXFORD, B.A.

Whole-time Health Visitors and School Nurses ... 18

Infectious Diseases Nurse ... 1

Midwives employed directly by the Council :

Full-time ... 3

Part-time ... 46

District Nurses employed directly by the Council :

Full-time ... 4

Part-time ... 46

<i>County Health Officer</i> ...	G. RICHARDS, <i>Sanitary Inspector</i>
<i>Chief Clerk</i> ...	C. PARRY

### Food and Drugs Act

<i>Public Analyst</i> ...	HAROLD LOWE, M.Sc., F.I.C.
<i>County Inspectors</i> ...	E. T. EDWARDS ( <i>Chief</i> ) ROBERT ROBERTS ( <i>Deputy</i> ) EVAN J. GRIFFITHS



## CHAPTER I

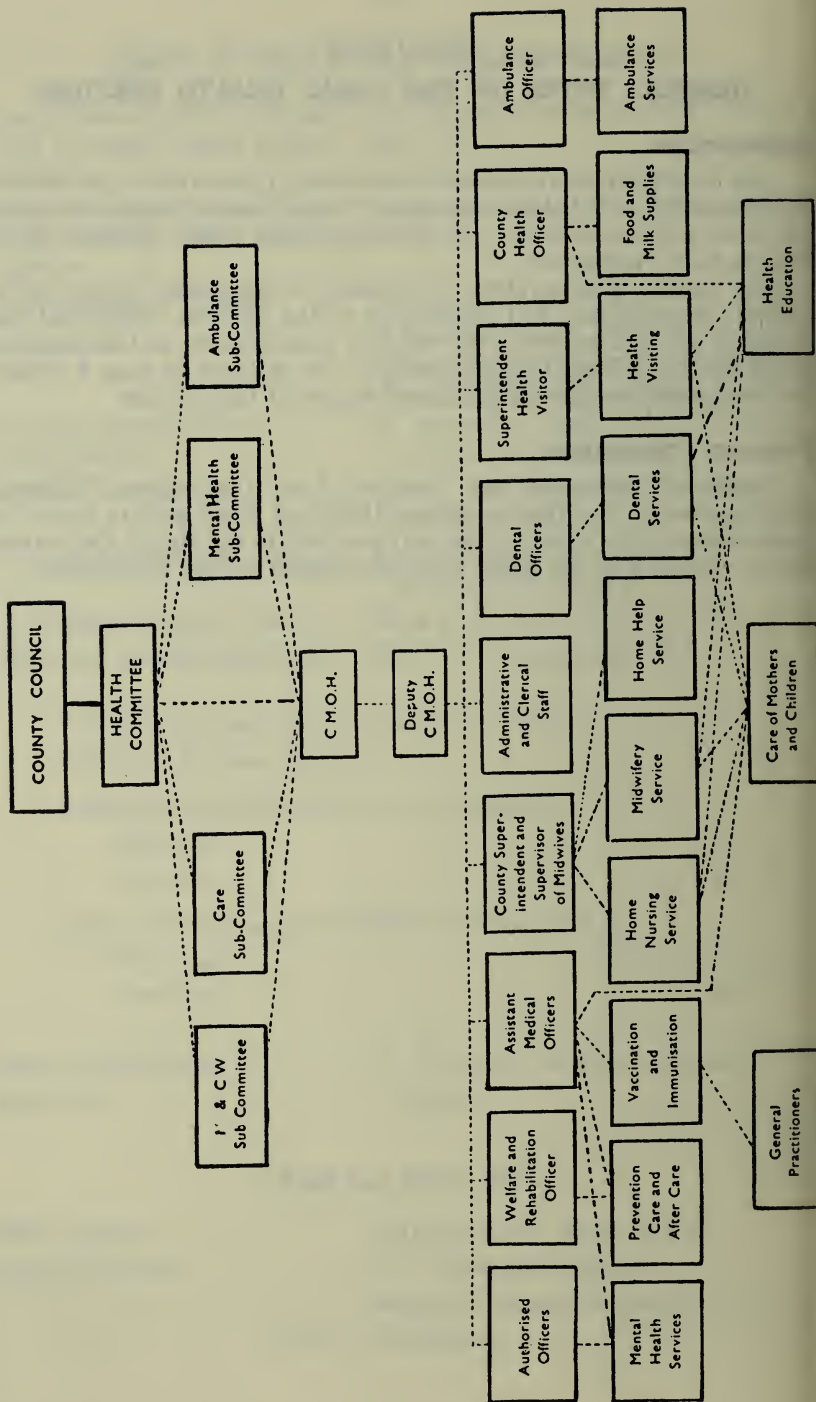
**GENERAL NOTES ON THE LOCAL HEALTH SERVICES****Administration**

The Health Services provided by the County Council under the National Health Service Act, 1946, are governed by the County Health Committee and four Sub-Committees, viz., Maternity and Child Welfare, Mental Health, Care, Ambulance.

The County Medical Officer of Health is responsible for the central control, co-ordination and supervision of the services. Periodical staff meetings are held to secure the efficient co-ordination and development of the services provided in the county. The diagram on page 8 displays the administrative pattern and inter-relation of the services.

**Voluntary Organisations**

Continued assistance was received from the various Voluntary Organisations in the County during 1953, and I am glad to record my appreciation of the value of their services both to the Health Department and to members of the public who are assisted by the Department.



## CHAPTER 2

## STATISTICAL INFORMATION

## Summary of Vital Statistics

Area in Acres	...	...	...	...	...	...	364,108
Population : Census, 1951	...	...	...	...	...	...	124,074
Registrar General's Estimate	...	...	...	...	...	...	122,600
Rateable Value	...	...	...	...	...	...	£670,526
Product of Id. rate	...	...	...	...	...	...	£2,618

## Extracts from Vital Statistics

LIVE BIRTHS	M.	F.	Total			
Legitimate	831	810	1641	Crude Birth Rate per 1,000 Population Adjusted Rate	}	14.00
Illegitimate	42	34	76			
					...	14.71
STILLBIRTHS						
Legitimate	21	23	44	Rates per 1,000 Total (Live and Still) Births	}	25.53
Illegitimate	1	—	1			
DEATHS FROM ALL CAUSES	860	834	1694	Crude Death Rate	...	13.81
				Adjusted Rate	...	11.88
MATERNAL DEATHS	—	2	2	Rate per 1,000 Total (Live and Still) Births	}	1.13
DEATH RATES OF INFANTS UNDER 1 YEAR OF AGE :						
All infants per 1,000 Live Births	...	...	...	...	...	31.45
Legitimate Infants per 1,000 Legitimate Live Births	...	...	...	...	...	31.68
Illegitimate Infants per 1,000 Illegitimate Live Births	...	...	...	...	...	26.31
DEATHS FROM ENTERITIS (under 2 years of age)	...	...	...	...	...	3
Rate per cent of Live Births	...	...	...	...	...	0.17
DEATHS FROM MEASLES (All Ages)	...	...	...	...	...	—
Rate per 1,000 of the population	...	...	...	...	...	0.00
DEATHS FROM WHOOPING COUGH (All Ages)	...	...	...	...	...	1
Rate per 1,000 of the population	...	...	...	...	...	0.01
ZYMOTIC MORTALITY	...	...	...	...	...	9
Rate per 1,000 of the population	...	...	...	...	...	0.07
DEATHS FROM CANCER	...	...	...	...	...	312
Rate per 1,000 of the population	...	...	...	...	...	2.54
DEATHS FROM RESPIRATORY DISEASES (Excluding Tuberculosis)	...	...	...	...	...	121
Rate per 1,000 of the population	...	...	...	...	...	0.98
DEATHS FROM TUBERCULOSIS	...	...	...	...	...	49
Rate per 1,000 of the population	...	...	...	...	...	0.40

TABLE 2

**AREA AND POPULATION OF THE COUNTY****Rural Districts**

District	Estimated Resident Population	Acreage as constituted at 30th June, 1935
Nant Conway ... ..	6,056	88,222
Gwyrfai ... ..	23,440	96,475
Lleyr ... ..	17,200	114,831
Ogwen ... ..	4,904	32,526
Totals ... ..	51,600	332,054

**Urban Districts**

Bangor ... ..	13,660	1,576
Bethesda ... ..	4,369	893
Betwsycoed ... ..	739	4,472
Caernarvon ... ..	9,327	2,213
Conway ... ..	10,260	3,808
Criccieth ... ..	1,498	1,132
Llandudno ... ..	16,320	4,920
Llanfairfechan ... ..	3,045	4,472
Penmaenmawr ... ..	4,120	3,814
Pwllheli ... ..	3,742	1,211
Portmadoc ... ..	3,920	3,543
Totals ... ..	71,000	32,054

**Rural and Urban Districts**

Rural ... ..	51,600	332,054
Urban ... ..	71,000	32,054
Totals ... ..	122,600	364,108

## OTHER VITAL STATISTICS

(Rates per 1,000 of the Population)

District	Births			Still	Deaths			Infant Mortality*	Cancer	Respiratory Diseases	Tuberculosis
	Live		Adjusted		(All Causes)						
	Crude	Adjusted			Crude	Adjusted					
RURAL DISTRICTS											
Nant Conway	12.879	14.817	0.495	11.063	9.736	25.641	1.816	1.156	0.330		
Gwyrfaí	13.396	14.869	0.427	14.121	11.720	22.293	2.944	1.152	0.640		
Lleyn	14.186	16.314	0.349	12.732	10.441	45.082	2.267	0.756	0.174		
Ogwen	20.391	23.654	0.612	13.866	11.647	40.000	1.427	0.612	0.409		
URBAN DISTRICTS											
Bangor	13.689	13.142	0.366	11.273	11.950	26.738	1.757	1.025	0.293		
Bethesda	18.768	20.645	0.687	12.360	11.000	24.390	2.289	1.373	0.458		
Betsycœd	23.004	23.924	2.706	9.472	8.998	58.824	1.353	0.000	0.000		
Caernarvon	15.546	15.702	0.322	14.045	13.062	20.689	3.002	2.144	0.429		
Conway	12.670	13.177	0.195	16.082	14.152	38.461	3.314	0.682	0.487		
Criccieth	13.351	12.950	0.667	12.683	8.752	0.000	2.002	0.000	0.000		
Llandudno	11.887	11.174	0.184	12.990	10.652	30.928	2.267	0.551	0.367		
Llanfairfechan	14.121	17.369	0.000	21.018	16.604	23.256	3.612	2.627	0.328		
Penmaenmawr	10.922	11.468	0.000	16.505	12.544	44.444	2.427	1.214	0.728		
Pwllheli	12.293	11.432	0.802	21.646	18.183	108.696	4.543	0.000	0.267		
Portmadoc	18.367	18.550	0.255	13.775	11.434	0.000	2.806	0.510	0.255		
RURAL DISTRICTS	14.263	16.260	0.426	13.275	11.018	32.609	2.442	0.969	0.426		
URBAN DISTRICTS	13.817	13.817	0.324	14.211	12.506	30.581	2.619	0.999	0.380		
TOTAL COUNTY	14.005	14.705	0.369	13.817	11.882	31.45	2.545	0.987	0.399		
ENGLAND AND WALES	15.50		0.350	11.40		26.80	—	—	0.20		

\* Death Rate per 1,000 Live Births.



## BIRTHS AND BIRTH RATES

The number of Live Births registered in 1953 was 1,717 (873 males and 844 females), a rate of 14.004 per 1,000 of the population. Stillbirths totalled 45 (22 males and 23 females) a rate of 25.539 per 1,000 of the population.

In the four Rural Districts 736 live births were registered—a rate of 14.263 per 1,000 of the population. The number of stillbirths was 22 (0.426 per 1,000 of the population).

In the eleven Urban Districts 981 live births (13.817 per 1,000 of the population) were registered and there were 23 stillbirths (0.324 per 1,000 of the population).

The Birth Rates per 1,000 of the population in the various districts in the County during the last ten years are given below :

TABLE 4

Districts	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
<b>RURAL DISTRICTS</b> ...										
Nant Conway ...	13.1	13.0	15.4	14.89	13.69	15.42	14.53	13.46	14.08	12.63
Gwyrfai ...	17.1	15.8	18.0	19.64	18.00	15.97	14.24	13.92	14.09	13.81
Lleyn ...	14.8	15.2	16.7	15.75	15.40	14.42	14.20	14.07	14.35	14.00
Ogwen ...	18.8	14.0	16.1	17.15	17.33	16.32	17.44	17.73	13.49	20.54
<b>URBAN DISTRICTS</b> ...										
Bangor ...	14.9	15.3	18.4	19.17	18.41	16.16	14.59	14.23	14.33	13.82
Bethesda ...	19.1	13.4	17.5	20.50	16.80	16.38	16.25	16.56	17.48	18.00
Betwsycoed ...	14.5	10.1	12.8	17.85	15.87	19.92	16.24	20.83	17.47	23.00
Caernarvon ...	17.7	13.6	20.1	20.70	17.12	16.45	16.41	16.32	16.12	13.81
Conway ...	14.5	14.5	15.3	15.40	15.00	15.83	12.91	13.93	12.05	12.63
Criccieth ...	17.3	9.6	16.4	13.92	12.14	12.42	8.63	12.21	8.67	13.81
Llandudno ...	11.6	10.8	13.2	15.86	13.77	11.53	12.74	12.25	12.23	11.53
Llanfairfechan ...	14.1	8.9	17.2	19.94	12.85	14.32	12.64	13.78	10.15	14.00
Penmaenmawr ...	12.9	11.7	16.8	15.97	12.47	12.41	14.88	12.83	14.93	10.15
Pwllheli ...	22.0	15.2	17.1	21.64	19.19	17.69	15.49	13.83	15.20	12.63
Portmadoc ...	14.1	13.8	16.1	19.16	16.51	14.35	11.84	11.62	13.57	18.00
<b>RURAL DISTRICTS</b> ...	16.0	15.1	17.1	17.59	16.55	15.42	14.55	14.28	14.12	14.26
<b>URBAN DISTRICTS</b> ...	14.8	13.0	16.4	18.01	15.75	14.74	13.98	13.91	13.73	13.82
<b>TOTAL COUNTY</b> ...	15.3	13.9	16.7	17.83	16.09	15.03	14.22	14.06	13.89	14.00
<b>ENGLAND AND WALES</b>	17.6	16.1	19.1	20.50	17.90	16.7	15.8	15.50	15.30	15.54



### ILLEGITIMATE BIRTHS

Seventy-six illegitimate live births were registered in the county during 1953, representing a rate of 4.426 per cent of the total live births.

This table gives details of the illegitimate births in the various Sanitary Districts in the county :—

TABLE 5

District	Total Live Births	Number of Illegitimate Live Births	Percentage
<b>RURAL DISTRICTS</b>			
Nant Conway ... ..	78	3	3.84
Gwyrfai ... ..	314	11	3.50
Lleyn ... ..	244	15	6.14
Ogwen ... ..	100	2	2.00
<b>URBAN DISTRICTS</b>			
Bangor ... ..	187	9	4.81
Bethesda ... ..	82	1	1.21
Betwsycoed ... ..	17	1	5.88
Caernarvon ... ..	145	7	4.82
Conway ... ..	130	6	4.61
Criccieth ... ..	20	1	5.00
Llandudno ... ..	194	13	6.70
Llanfairfechan ... ..	43	4	9.30
Penmaenmawr ... ..	45	—	0.00
Pwllheli ... ..	46	2	4.34
Portmadoc ... ..	72	1	1.38
RURAL DISTRICTS ... ..	736	31	4.21
URBAN DISTRICTS ... ..	981	45	4.58
TOTAL COUNTY ... ..	1,717	76	4.42

### INFANT MORTALITY

Fifty-four infant deaths (52 legitimate and 2 illegitimate infants) were recorded during 1953. The graph on page 16 indicates the steady decrease in the infant mortality rate in the County since 1900. The rate of 28.20 per 1,000 live births in 1952 is the lowest ever recorded in Caernarvonshire.

# NEO-NATAL DEATHS

TABLE 6

Year	No. of Neo-Natal Deaths	Rate per 1,000 Live Births
1933	68	41.2
1934	71	44.5
1935	78	47.2
1936	67	42.0
1937	70	43.3
1938	68	41.5
1939	66	39.8
1940	56	35.2
1941	78	44.6
1942	68	35.0
1943	69	35.7
1944	71	36.4
1945	63	37.1
1946	55	26.9
1947	64	29.3
1948	39	19.9
1949	37	19.9
1950	38	21.58
1951	36	20.76
1952	30	17.62
1953	29	16.89

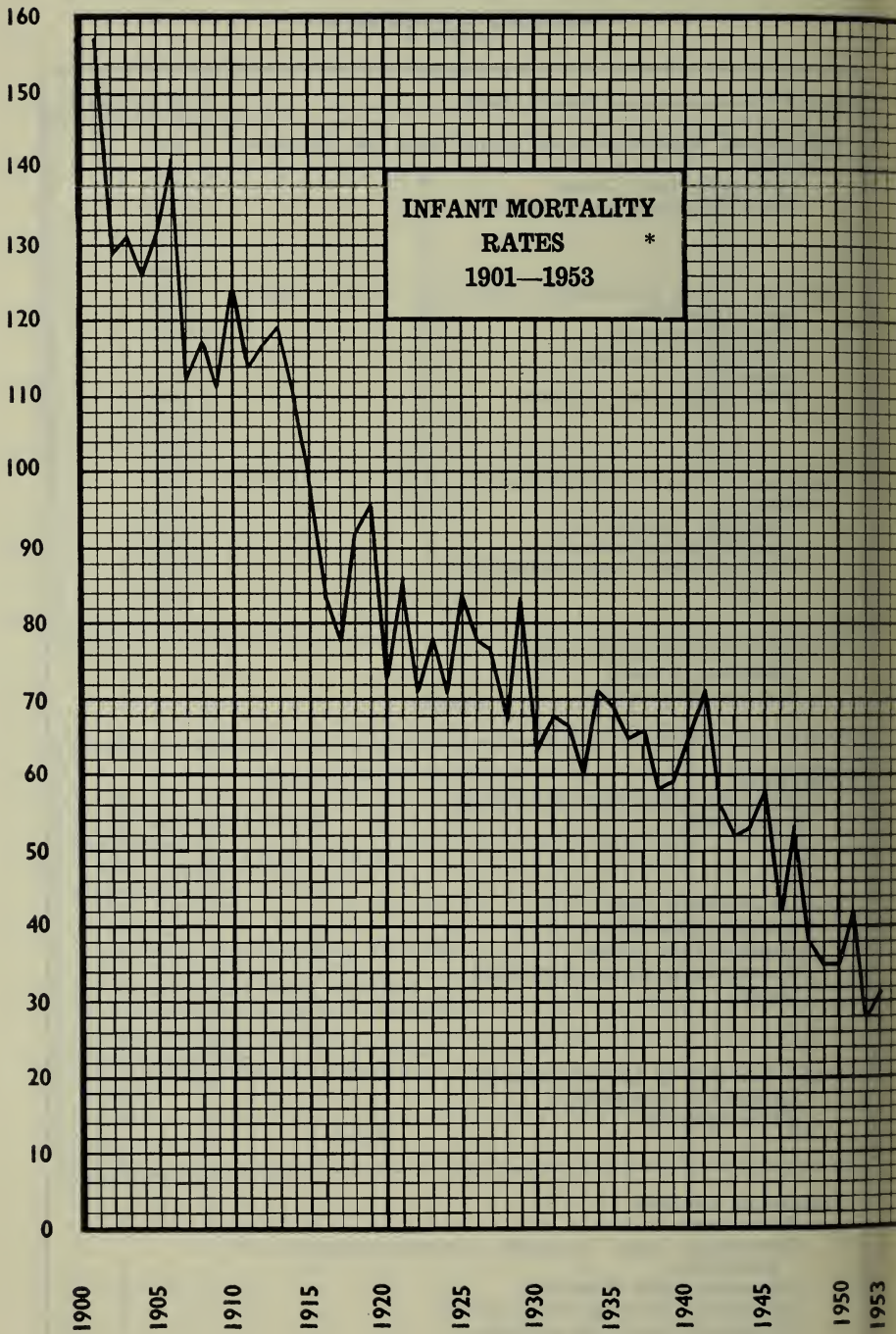
TABLE 7

Cause of Neo-Natal Death	No. of Deaths
Congenital Heart Disease ... ..	1
Atelectasis ... ..	2
Other Congenital Malformations ... ..	2
Intracranial Haemorrhage ... ..	1
White Asphyxia ... ..	2
Prematurity ... ..	7
Prematurity plus Diarrhoea, Enteritis ... ..	1
Prematurity plus Atelectasis ... ..	6
Prematurity plus White Asphyxia ... ..	1
Prematurity plus other Malformations ... ..	2
Prematurity plus Accident ... ..	1
Peritonitis (other than Tuberculosis) ... ..	1
Haemorrhagic Disease of Newborn ... ..	1
Anoxia ... ..	1
Total ... ..	29

## CAUSES OF DEATHS OF INFANTS UNDER ONE YEAR OF AGE

TABLE 8

Cause of Death	No. of Deaths
CONGENITAL MALFORMATIONS (other than in Premature Infants)	
Congenital Heart Disease ... ..	1
Other Congenital Malformations ... ..	4
	5
DISEASES OF THE RESPIRATORY TRACTS (in full-term infants)	
Acute Bronchitis ... ..	1
Bronchopneumonia ... ..	3
Pneumonic congestion ... ..	5
Atelectasis ... ..	2
Other respiratory conditions ... ..	1
	12
DISEASES OF THE GASTRO INTESTINAL TRACT (in full-term infants)	
Diarrhoea, enteritis, etc. ... ..	3
Cystic fibrosis of pancreas ... ..	1
Peritonitis other than tuberculosis ... ..	1
	5
ACCIDENTS (in full-term infants)	
Inhalation of vomit ... ..	2
Post operative deaths ... ..	1
	3
INFECTIONS	
Meningitis (other than tuberculosis) ... ..	2
Encephalitis ... ..	1
	3
MISCELLANEOUS CAUSES	
Diseases of the liver ... ..	1
Diseases of the kidney ... ..	1
Haemorrhagic disease of newborn ... ..	1
Anoxia ... ..	1
	4
BIRTH INJURIES (in full-term infants)	
Intracranial haemorrhage ... ..	1
White asphyxia ... ..	2
	3
PREMATURE INFANTS	
Prematurity ... ..	7
Prematurity plus bronchitis, bronchopneumonia or pneumonia ... ..	1
Prematurity plus atelectasis ... ..	6
Prematurity plus diarrhoea, enteritis ... ..	1
Prematurity plus white asphyxia ... ..	1
Prematurity plus other malformations ... ..	2
Prematurity plus accidents ... ..	1
	19
Total Deaths ... ..	54



\* The number of Infant Deaths under one year of age per 1,000 live births



## DEATHS AND DEATH RATES

The number of deaths registered in the county was 1,694, a crude rate of 13.817 per 1,000 of the population. The adjusted rate was 11.883.

The chief causes of death were :

Heart Diseases ...	...	...	...	634
Cancer ...	...	...	...	312
Tuberculosis ...	...	...	...	49
Other Respiratory Diseases ...	...	...	...	121

In the Urban Districts there were 1,009 deaths (14.211 per 1,000 of the population). Adjusted rate 12.506.

Deaths in Rural Districts amounted to 685 (13.275 per 1,000 of the population). Adjusted rate 11.018.

## AGE AND SEX DISTRIBUTION OF DEATHS

TABLE 9

	All Ages	Under 1	1—	5—	15—	45—	65+
Males ...	860	35	2	2	40	210	571
Females ...	834	19	3	1	34	139	638
Totals ...	1,694	54	5	3	74	349	1,209

## CAUSES OF DEATHS

TABLE 10

Cause of Death	Number of Deaths						Death Rates per 1,000 of the Population
	Urban Districts		Rural Districts		Whole County		
	Males	Females	Males	Females	Males	Females	
1. Tuberculosis, respiratory ...	17	8	16	2	33	10	0.35
2. Tuberculosis, other ... ..	2	—	2	2	4	2	0.05
3. Syphilitic Disease ... ..	1	1	—	—	1	1	0.02
4. Diphtheria ... ..	—	—	—	—	—	—	0.00
5. Whooping Cough ... ..	1	—	—	—	1	—	0.01
6. Meningococcal Infections ...	—	—	—	1	—	1	0.01
7. Acute Poliomyelitis ... ..	—	1	—	1	—	2	0.02
8. Measles ... ..	—	—	—	—	—	—	0.00
9. Other infective and parasitic diseases ... ..	1	3	—	1	1	4	0.04
10. Malignant neoplasm, stomach	26	14	24	19	50	33	0.68
11. Malignant neoplasm, lung bronchus ... ..	13	9	8	—	21	9	0.24
12. Malignant neoplasm, breast	—	18	—	7	—	25	0.20
13. Malignant neoplasm, uterus	—	10	—	6	—	16	0.13
14. Other malignant and lymphatic neoplasms ... ..	41	55	34	28	75	83	1.29
15. Leukaemia, aleukaemia ...	2	1	—	—	2	1	0.02
16. Diabetes ... ..	—	5	2	2	2	7	0.07
17. Vascular lesions of nervous system ... ..	60	117	42	57	102	174	2.25
18. Coronary disease—angina ...	70	49	43	22	113	71	1.50
19. Hypertension with heart disease ... ..	17	16	12	13	29	29	0.47
20. Other heart disease ... ..	66	88	51	56	117	144	2.13
21. Other circulatory disease ...	45	37	23	26	68	63	1.07
22. Influenza ... ..	1	2	—	2	1	4	0.04
23. Pneumonia ... ..	8	8	6	10	14	18	0.26
24. Bronchitis ... ..	32	13	22	7	54	20	0.60
25. Other diseases of respiratory system ... ..	6	1	2	1	8	2	0.08
26. Ulcer of stomach and duodenum ... ..	2	1	3	—	5	1	0.49
27. Gastritis, enteritis and diarrhoea ... ..	3	2	2	2	5	4	0.07
28. Nephritis and nephrosis ...	6	5	7	5	13	10	0.19
29. Hyperplasia of prostate ...	13	—	15	—	28	—	0.23
30. Pregnancy, childbirth and abortion ... ..	—	1	—	1	—	2	0.02
31. Congenital malformation ...	5	2	4	4	9	6	0.12
32. Other defined and ill-defined diseases ... ..	36	42	37	36	73	78	1.23
33. Motor vehicle accidents ...	4	1	4	—	8	1	0.07
34. All other accidents ... ..	12	4	5	6	17	10	0.22
35. Suicide ... ..	3	2	3	1	6	3	0.07
36. Homicide and operations of war ... ..	—	—	—	—	—	—	—
Totals ... ..	493	516	367	318	860	834	13.81



**ZYMOTIC MORTALITY****TABLE 11**

Disease	Number of Deaths	Death Rates per 1,000 of the population	
		Caernarvonshire	England and Wales
Diphtheria ... ..	—	0.00	0.00
Whooping Cough ... ..	1	0.09	0.01
Meningococcal Infections ... ..	1	0.01	—
Acute Poliomyelitis ... ..	2	0.02	0.01
Measles ... ..	—	0.00	—
Other Infections ... ..	5	0.04	—

**DEATHS FROM THE MAIN DISEASES ALLOCATED TO DISTRICTS****TABLE 12**

District	Zymotic		Heart		Respiratory		Tuberculosis	
	No. of Deaths	Death Rate	No. of Deaths	Death Rate	No. of Deaths	Death Rate	No. of Deaths	Death Rate
<b>RURAL DISTRICTS</b>								
Nant Conway ... ..	2	0.33	25	4.13	7	1.16	2	0.33
Gwyrfai ... ..	—	—	111	4.74	27	1.15	15	0.64
Lley ... ..	—	—	83	4.83	13	0.76	3	0.17
Ogwen ... ..	1	0.20	27	5.51	3	0.61	2	0.41
<b>URBAN DISTRICTS</b>								
Bangor ... ..	2	0.15	59	4.32	14	1.02	4	0.29
Bethesda ... ..	—	0.00	23	5.26	6	1.37	2	0.46
Betwsycoed ... ..	—	0.00	3	4.06	—	0.00	—	0.00
Caernarvon ... ..	1	0.11	43	4.61	20	2.14	4	0.43
Conway ... ..	—	0.00	62	6.04	7	0.68	5	0.49
Criccieth ... ..	—	0.00	8	5.34	—	0.00	—	0.00
Llandudno ... ..	1	0.06	88	5.39	9	0.55	6	0.37
Llanfairfechan ... ..	—	0.00	22	7.22	8	2.63	1	0.33
Penmaenmawr ... ..	—	0.00	28	6.79	5	1.21	3	0.73
Pwllheli ... ..	2	0.53	28	7.48	—	0.00	1	0.27
Portmadoc ... ..	—	0.00	24	6.12	2	0.51	1	0.25
RURAL DISTRICTS ... ..	3	0.06	246	4.77	50	0.96	22	0.43
URBAN DISTRICTS ... ..	6	0.84	388	5.46	71	0.99	27	0.38
TOTAL COUNTY ... ..	9	0.73	634	5.17	121	0.98	49	0.40

## INFECTIOUS DISEASES

TABLE 13

Incidence of Infectious Diseases (excluding Tuberculosis) in the Various Districts in the County during 1953

District	Scarlet Fever	Whooping Cough	Diphtheria	Measles	Pneumonia	Puerperal Pyrexia	Erysipelas	*Other Diseases	Totals
<b>RURAL DISTRICTS</b>									
Nant Conway ...	3	13	—	28	—	—	1	—	45
Gwyrfai ...	3	2	—	7	1	—	—	26	39
Lleyrn ...	7	28	—	17	2	—	—	1	55
Ogwen ...	5	1	—	8	1	—	—	—	15
<b>URBAN DISTRICTS</b>									
Bangor ...	1	6	—	122	—	—	—	29	158
Bethesda...	5	—	—	5	—	—	—	1	11
Betwsycoed ...	—	—	—	—	—	—	—	—	—
Caernarvon ...	5	2	—	33	—	—	—	13	53
Conway ...	22	15	—	99	—	—	2	20	158
Criccieth ...	—	—	—	3	—	—	1	—	4
Llandudno ...	8	108	—	158	7	—	8	46	335
Llanfairfechan ...	4	2	—	49	11	—	—	—	66
Penmaenmawr ...	—	5	—	6	1	—	—	—	12
Pwllheli ...	—	9	—	—	3	—	—	1	13
Portmadoc ...	—	—	—	1	—	—	—	2	3
Totals ...	63	191	—	536	26	—	12	139	967

## \* OTHER DISEASES INCLUDE :

Chicken pox ...	64
Dysentery and food poisoning ...	35
Paratyphoid ...	13
Acute poliomyelitis ...	23
Meningococcal infections ...	4

TABLE 14

	Ophthalmia Neonatorum		Pemphigus Neonatorum		Puerperal Pyrexia	
	Domestic Confinements	Institutional Confinements	Domestic Confinements	Institutional Confinements	Domestic Confinements	Institutional Confinements
Number of cases notified ...	—	—	—	—	—	—
Number of cases visited by Officers of the Council ...	—	—	—	—	—	—
Number of cases for whom Home Nursing was provided ...	—	—	—	—	—	—
Number of cases removed to hospital ...	—	—	—	—	—	—

## CHAPTER 3

## CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE

### Expectant and Nursing Mothers

Pre-Natal Clinics were established for the first time in 1938. Mr. O. V. Jones, the Council's Obstetrician and other staff from the County Hospital attend the clinics as well as the County Council Midwives and Health Visitors. A Clinic is also held weekly at the County Hospital, Bangor. Additional Clinics are required in Betwsycoed and Llanberis and will be established as soon as suitable premises become available.

Post-natal mothers are also examined at these clinics and many obvious advantages accrue to mothers and staff from this arrangement of Medical Staffing.

Samples of blood are taken from all expectant mothers making their first attendance at the Clinics and are sent to the Pathological Laboratory at the Caernarvon and Anglesey General Hospital, Bangor, for a Rhesus Factor and Wasserman or Kahn tests. The result of the Rhesus Factor test is recorded on a card which is retained by the mother.

Table 15 gives details of attendances at the Clinics during 1953.

TABLE 15

Clinics	No. of Clinic Centres	No. of Sessions Monthly	No. of Women Attending		Total Attendances
			No. of New Cases	Total	
Pre-Natal ... ..	5	16	799	1,088	4,154
Post-Natal ... ..	5	16	252	252	302
Midwives' Relaxation	8	16	231	262	886

The Midwives' Relaxation Clinics held at Caernarvon, Penygroes, Pwllheli, Portmadoc, Llandudno, Bangor, Penmaenmawr and Dolgarrog have become firmly established and expectant mothers greatly appreciated the benefits they received from their instruction in relaxation. A natural attitude to confinement is emphasised and advice given on all aspects of the care of the mother's health and that of their babies during the early months of their lives.

### Unmarried Mothers

Health Visitors, District Nurses and Midwives notify me immediately of all unmarried expectant mothers in their areas, and submit their recommendations concerning the special needs of each one. Similar

information is also obtained from Maternity Hospitals and Homes and the mothers are given every facility that the Council can offer in the care of their own and their children's health.

Mothers who cannot be confined in their own homes or who cannot nurse their babies at home are admitted to special Homes for Unmarried Mothers. The Bersham Hall Home for Unmarried Mothers established by the North Wales Councils was opened during 1953.

Arrangements for the admission of mothers to other homes were continued during 1953, in conjunction with the Bangor Diocesan Council for Moral Welfare.

One expectant mother was admitted to Bersham Hall and nine to other homes during the year. Most of them were admitted some weeks before their confinement and were allowed to stay for some time after the birth of their children. The cost of their maintenance was borne by the County Council and regular reports on their progress received. They were visited immediately upon their discharge from the Homes by members of the nursing staff and were given advice in the care of their babies and encouragement and assistance in rehabilitation.

Table 16 gives a clear indication of the extent and efficiency of the Council's care for unmarried mothers and shows the marked reduction in the illegitimate infant mortality rate which is frequently below the rate for legitimate infants.

TABLE 16

Year	Mortality Rates per 1,000 Live Births	
	Legitimate Infants	Illegitimate Infants
1943	55.36	18.75
1944	53.88	49.18
1945	53.80	93.56
1946	41.68	46.78
1947	54.26	44.58
1948	39.95	23.43
1949	35.38	29.41
1950	35.20	35.29
1951	44.01	30.61
1952	25.94	72.29
1953	31.69	26.32

### Child Welfare

There are thirty-five Infant Welfare Centres in the county. Each clinic has its own Committee of voluntary workers who have given invaluable service in the administration of the clinics and in providing for the comfort and entertainment of the mothers and children.

The Clinics are attended by the Health Visitor and Assistant Medical Officers who examine the babies and give guidance and advice to the mothers. Babies are referred, when necessary, to the Paediatric Centres held at Bangor and Llandudno. Facilities are available at each clinic for



the mothers to purchase various brands of proprietary infant foods at special clinic prices and representatives of the Ministry of Food attend most centres for the distribution of Welfare Foods under the Government's Welfare Food Scheme.

Although attendances at some clinics are increasing, they are not as good as I would like them to be despite continuous encouragement of parents by the Medical and Nursing Staff.

Certain areas in the County are not provided with suitable and convenient public transport and the Maternity and Child Welfare Committee have authorised the hire of special transport to convey mothers and children in these areas to and from the clinics.

Details of the Clinics and attendances are given in Table 17 on pages 24—27.

**INFANT WELFARE CLINICS**  
**TABLE 17**

Clinic Centre	Sessions Held	Day and Time of Meetings	Total Attendances			Average Attendance per session	Number who attended for the first time		Clinic Attended by
			Under 1 year	Between 1 and 5 years	Total		Under 1 year	Between 1 and 5 years	
<b>ABER</b> Lecture Room College Farm.	Monthly	2.30 p.m. to 3.30 p.m. 3rd Wednesday monthly	37	39	76	7	7	1	Health Visitor
<b>ABERDARON</b> Village Hall, Aberdaron	Monthly	2.0 p.m. to 4.0 p.m. 4th Thursday monthly	69	85	154	15	3	—	Assistant M.O.H. and Health Visitor
<b>ABERSOCH</b> Village Hall	Monthly	2.0 p.m. to 4.0 p.m. 3rd Wednesday monthly	93	81	174	16	6	—	Assistant M.O.H. and Health Visitor
<b>BANGOR</b> General Clinic, Sackville Road	Weekly	10.30 a.m. to 4.0 p.m. Every Thursday	2,439	1,141	3,580	49	138	6	Assistant M.O.H. and Health Visitor
<b>BETHEL</b> Village Hall	Fortnightly	2.0 p.m. to 4.0 p.m. 2nd and 4th Fridays monthly	146	161	307	14	9	2	Health Visitor
<b>BETHESDA</b> A.T.C. Hut, Meurig Park	Fortnightly	2.0 p.m. to 4.0 p.m. 1st and 3rd Fridays monthly	582	292	874	40	69	2	Assistant M.O.H. and Health Visitor
<b>BETWYSGOED</b> Memorial Hall	Fortnightly	2.0 p.m. to 4.0 p.m. 1st and 3rd Wednesdays monthly	125	120	245	11	23	13	Assistant M.O.H. and Health Visitor
<b>CAERNARVON</b> Central Clinic, Shirehall Street	Fortnightly	2.0 p.m. to 4.0 p.m. 1st and 3rd Wednesdays monthly	897	294	1,191	50	113	8	Assistant M.O.H. and Health Visitor
<b>CONWAY</b> Muriau Buildings, Rosehill Street	Fortnightly	2.0 p.m. to 4.0 p.m. 1st and 3rd Tuesdays monthly	321	232	553	26	44	1	Assistant M.O.H. and Health Visitor



TABLE 17 (continued)

Clinic Centre	Sessions Held	Day and Time of Meetings	Total Attendances			Average Attendance per session	Number who attended for the first time		Clinic Attended by
			Under 1 year	Between 1 and 5 years	Total		Under 1 year	Between 1 and 5 years	
CRICCIETH Memorial Hall	Monthly	2-0 p.m. to 4-0 p.m. 3rd Tuesday monthly	150	147	297	27	26	—	Assistant M.O.H. and Health Visitor
DEGANWY Church Hall	Monthly	2-0 p.m. to 4-0 p.m. 4th Friday monthly	54	66	120	11	10	1	Health Visitor
DEINIOLLEN Free Library	Fortnightly	2-0 p.m. to 4-0 p.m. 2nd and 4th Wednesdays monthly	409	138	547	23	33	2	Assistant M.O.H. and Health Visitor
DOLGARROG Clinic Centre, Sillans	Fortnightly	2-0 p.m. to 4-0 p.m. 2nd and 4th Thursdays monthly	267	213	480	20	28	1	Assistant M.O.H. and Health Visitor
DOLWYDDELEN Moriah Chapel Vestry	Monthly	3-0 p.m. to 4-0 p.m. 3rd Tuesday monthly	48	43	91	8	5	1	Health Visitor
GARNDDOLBENMAEN Council School	Monthly	2-0 p.m. to 4-0 p.m. 1st Thursday monthly	40	26	66	6	7	—	District Nurse
GROESLON Village Hall	Monthly	2-0 p.m. to 4-0 p.m. 2nd Tuesday monthly	111	49	160	13	23	7	Assistant M.O.H. and District Nurse
LLANBEDROG Church Hall	Monthly	2-0 p.m. to 4-0 p.m. 2nd Wednesday monthly	85	63	148	12	12	—	Assistant M.O.H. and Health Visitor
LLANBERIS Capel Coch Vestry	Fortnightly	2-0 p.m. to 4-0 p.m. 1st and 3rd Wednesdays monthly	359	1,138	1,497	65	32	—	Assistant M.O.H. and Health Visitor

TABLE 17 (continued)

Clinic Centre	Sessions Held	Day and Time of Meetings	Total Attendances			Average Attendance per session	Number who attended for the first time		Clinic Attended by
			Under 1 year	Between 1 and 5 years	Total		Under 1 year	Between 1 and 5 years	
LLANDUDNO War Memorial Centre, Oxford Road	Weekly	10-0 a.m. to 4-0 p.m. Every Tuesday	2,039	996	3,035	31	146	23	Assistant M.O.H. and Health Visitor
LLANDUDNO JUNCTION Y.W.C.A. Hall	Fortnightly	2-0 p.m. to 4-0 p.m. 2nd and 4th Thursdays monthly	455	252	707	31	38	3	Assistant M.O.H. and Health Visitor
LLANFAIRFECHAN Council Chambers	Fortnightly	2-0 p.m. to 4-0 p.m. 2nd and 4th Thursdays monthly	322	177	499	22	41	7	Assistant M.O.H. and Health Visitor
LLANRUG Memorial Institute	Fortnightly	2-0 p.m. to 4-0 p.m. 1st and 3rd Thursdays monthly	181	298	479	21	15	—	Assistant M.O.H. and Health Visitor
NEVIN Caersalem Chapel Vestry	Monthly	2-0 p.m. to 4-0 p.m. 2nd Thursday monthly	265	112	377	32	46	9	Assistant M.O.H. and Health Visitor
PENMAENMAWR Legion House, Esplanade	Fortnightly	2-0 p.m. to 4-0 p.m. 1st and 3rd Fridays monthly	469	252	721	31	47	13	Assistant M.O.H. and Health Visitor
PENRHYN BAY Penrhyn New Hall	Fortnightly	2-0 p.m. to 4-0 p.m. 1st and 3rd Thursdays monthly	296	235	531	22	22	4	Assistant M.O.H. and Health Visitor
PENYGROES Drill Hall	Fortnightly	2-0 p.m. to 4-0 p.m. 2nd and 4th Tuesdays monthly	469	241	710	30	41	7	Assistant M.O.H. and Health Visitor
PENMACHNO Public Hall	Monthly	2-0 p.m. to 4-0 p.m. 4th Tuesday monthly	88	86	174	15	8	2	Assistant M.O.H. and Health Visitor

TABLE 17 (continued)

Clinic Centre	Sessions Held	Day and Time of Meetings	Total Attendances			Average Attendance per session	Number who attended for the first time		Clinic Attended by
			Under 1 year	Between 1 and 5 years	Total		Under 1 year	Between 1 and 5 years	
PORTINORWIC Conservative Club	Monthly	2-0 p.m. to 4-0 p.m. 4th Thursday monthly	201	205	406	34	32	5	Assistant M.O.H. and Health Visitor
PORTMADOC Snowdon Street Clinic	Fortnightly	2-0 p.m. to 4-0 p.m. 2nd and 4th Tuesdays monthly	746	271	1,017	44	66	—	Assistant M.O.H. and Health Visitor
PWLLHELL British Legion Hall	Fortnightly	2-0 p.m. to 4-0 p.m. 1st and 3rd Tuesdays monthly	558	337	895	38	65	8	Assistant M.O.H. and Health Visitor
RHOSTRYFAN Horeb Chapel Vestry	Fortnightly	2-0 p.m. to 4-0 p.m. 1st and 3rd Tuesdays monthly	146	92	238	10	22	1	Assistant M.O.H. and Health Visitor
SARN Memorial Hall	Monthly	2-0 p.m. to 4-0 p.m. 1st Thursday monthly	153	174	327	27	16	8	Assistant M.O.H. and Health Visitor
TREGARTH Wesley Hall	Fortnightly	2-0 p.m. to 4-0 p.m. 1st and 3rd Wednesdays monthly	224	147	371	18	27	4	Assistant M.O.H. and Health Visitor
TREVOR Maes-y-Neuadd Vestry	Monthly	2-0 p.m. to 4-0 p.m. 3rd Thursday monthly	136	84	220	18	20	1	Assistant M.O.H. and District Nurse
WAENFAWR Church Room	Fortnightly	2-0 p.m. to 4-0 p.m. 2nd and 4th Wednesdays monthly	170	204	374	16	20	—	Assistant M.O.H. and Health Visitor
			13,150	8,491	21,641		1,260	140	

### Care of Premature Infants

A comprehensive service is available for the care of premature infants and excellent co-operation between the Medical and Nursing Staffs of the County Hospital and the Health Department ensures the efficiency of this service. All babies weighing 4 lb. and under are recommended for admission to the County Hospital with their mothers, and a special ambulance fitted with a heated cot and a supply of oxygen is provided for their conveyance under the care of a nurse. Four special outfits for nursing premature infants weighing between 4 lb. and 5 lb. in their homes are retained at Caernarvon, Dolgarrog and Pwllheli and additional outfits are retained in the County Hospital. All general practitioners and midwives are aware of the arrangements for obtaining the equipment when necessary.

The outfits consist of specially prepared cots fitted with heating and oxygen apparatus. Scales for Test Feeding and special clothing and equipment are also provided. All midwives have received special instructions in the care of premature babies.

TABLE 18

Number and Place of Birth			Weight at Birth	Transferred to Hospital		Died in first 24 hours		Died between 2nd and 7th day		Died between 8th and 28th day		Survived 28 days					
Home	N.H.	Hos.		Total	Home	N.H.	Hos.	Tr.	Home	N.H.	Hos.	Tr.	Home	N.H.	Hos.	Tr.	Total
1	—	9	10	3 lb. 4 oz. or less	1	—	4	—	—	—	—	—	—	—	2	1	3
6	—	20	26	3 lb. 4 oz.—4 lb. 6 oz.	5	—	3	1	—	—	—	1	—	1	16	4	21
3	1	25	29	4 lb. 6 oz.—4 lb. 15 oz.	—	1	—	—	—	—	—	2	—	1	1	23	25
8	6	23	37	4 lb. 15 oz.—5 lb. 8 oz.	—	—	1	—	—	—	—	1	—	—	8	6	35
18	7	77	102	Totals	6	1	8	1	—	—	—	4	—	1	7	62	84

NOTE: N.H. ... Nursing Home  
 Hos. ... Hospital  
 Tr. ... Transferred from Home to Hospital



## DENTAL CARE

The whole of the dental services in the county were performed by one Senior Dental Officer and two Assistants during 1953, and although the establishment provides for two more Assistants, it was impossible to obtain the services of suitable officers.

Expectant and nursing mothers found to require dental treatment at the Council's Pre- and Post-Natal Clinics were advised and encouraged to consult their private dentists because it was impossible to provide continuous and systematic inspection and treatment due to the shortage of dental officers.

I have received this report from the Dental Officer :—

“ TO THE COUNTY MEDICAL OFFICER OF HEALTH

No treatment was given to expectant mothers during 1953 because staff was not available. Dental treatment of children under five was made up of those inspected and treated during routine visits to schools, and those brought into clinics for treatment by their parents.

Of the total number examined a quarter were found to be in need of treatment, this is high considering the short time the teeth have been erupted in these cases.

TABLE 19  
Numbers provided with Dental Care

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers ... ..	—	—	—	—
Children under Five ...	1313	321	57	57

TABLE 20  
Forms of Dental Treatment Provided

	Extractions	Anaesthetics		Fillings	Scalings or Scaling & Gum Treatment	Silver Nitrate Treatment	Dressings	Radio-graphs	Denture Provider	
		Local	General						Complete	Partial
Expectant and Nursing Mothers ... ..	—	—	—	—	—	—	—	—	—	—
Children under five ...	20	5	—	37	—	22	1	—	—	—

D. McINTYRE.



## OTHER SERVICES

Similar facilities are available to children of pre-school age as are offered to school children for consultation and treatment at the Orthopaedic, Ear, Nose and Throat, Ophthalmic, Orthoptic, Skin and Paediatric Clinics. Twenty-two children were referred by Assistant School Medical Officers to the Paediatric Clinic and Dr. Gwyn Griffith examined 629 children of pre-school age at the request of General Practitioners.

## ORTHOPAEDIC TREATMENT

Children of pre-school age found to be suffering from orthopaedic defects at the Council's Clinics and those referred to the Department by their own doctors were examined by the Consultant at the Orthopaedic Survey Clinics and received treatment by the Council's Physiotherapist at the After-Care Clinics. Hospital treatment for those who required it was arranged through the Regional Hospital Board. Surgical fittings and modifications to footwear were also ordered by the Department at the expense of the Hospital Board.

Ultra Violet Ray treatment was available at five Centres to children referred by Assistant Medical Officers and the children whose private doctors requested treatment.

Details of the Survey, After-Care and Ultra Violet Ray Clinics are given in these tables :—

## ORTHOPAEDIC SURVEY CLINICS

TABLE 21

Centre	Number of Cases		Treatment Recommended				
	New	Old	Hospital	Appliances	Massage & S.R.E.	Observation	Others
Bangor ... ..	35	39	4	41	8	20	—
Caernarvon ... ..	29	66	—	43	7	28	—
Llandudno ... ..	33	50	—	54	8	23	—
Pwllheli ... ..	39	69	2	38	10	37	—
Totals ... ..	136	224	6	176	33	108	—

**AFTER CARE CLINICS**

TABLE 22

Centre	No. of Sessions held	Total Attendances
Bangor ... ..	30	85
Caernarvon ... ..	44	126
Llandudno ... ..	39	70
Pwllheli ... ..	44	76
Portmadoc ... ..	44	104
Totals ... ..	201	461

**ULTRA VIOLET RAY CLINICS**

TABLE 23

Centre	No. of Sessions held	Total Attendances
Bangor ... ..	36	120
Caernarvon ... ..	45	178
Llandudno ... ..	44	248
Pwllheli ... ..	48	202
Portmadoc ... ..	38	67
Totals ... ..	211	815

**SPEECH THERAPY**

Treatment for speech defects was interrupted during the year because of the resignation of the Council's Therapist in March. The results of the treatment given during the period when the Therapist was available were most encouraging and have amply justified the introduction of the service. Letters received from parents record their appreciation of the benefits their children have received and one or two requested treatment for a brother or sister of a child already treated.

**SAVING OF INFANT LIVES****Neo-Natal Rates**

The Neo-natal rate represents the number of babies that die during the first month of life among each 1,000 babies born. This rate reflects directly the special care given to babies immediately after delivery and during the first month of their lives. Indirectly, of course, the Neo-natal rate is affected by the special care given to the mother before her child is born. If we devote to her such care and attention that she is able from

her own body to produce a strong, healthy, robust baby, the probability of the baby surviving the first month of life is thereby increased. Table 26 on page 35 records how this rate has been reduced during the last ten years.

Congenital defects and prematurity represent approximately half of the causes of Neo-natal deaths and until we know more about these conditions it will be difficult to eliminate them as a cause of death. It will be readily appreciated that any reduction in the Neo-natal rate and any success achieved in the special care of the pregnant mother has a direct effect in reducing the Infant Mortality Rate.

### **Stillbirth Rate**

The special care given to the mother before her child is born is also reflected in this rate which represents the number of babies born dead per 1,000 babies born (stillbirths plus live births). Table 27 on page 35 shows how this rate has fallen very significantly in recent years. In our successful efforts to prevent a baby being born dead, we increase the possibility of the Neo-natal rate and the Infant Mortality Rate rising. Not all babies conceived have the vital powers to live in spite of all our efforts. We can only, with our present knowledge and resources, postpone the deaths of some of them. Naturally, therefore, if we postpone the deaths after their births, then the number of children that die during the first month of extra-uterine life is relatively increased and so, therefore, is the Neo-natal rate. But I said earlier that the special care devoted to the pregnant mother assists her to produce a healthy baby, and we cannot, of course, even if we wished to, distinguish or discriminate between the baby that is likely to be stillborn and the baby likely to be born alive. It is, therefore, even more gratifying to realise that the stillbirth rates, the Neo-natal rates and the Infant Mortality Rates are all steadily decreasing.

### **Reflections**

We can all be proud of the results achieved, but while having a sense of pride, we must not be complacent.

Our rates are usually higher than the average for England and Wales, and I will not be satisfied until they are consistently lower than these averages, and as low as those recorded in some of our Dominions and in some Scandinavian countries.

## PRE AND POST NATAL CLINICS

TABLE 24

Year	Number of Women who Attended		Total Attendances
	Pre-Natal Clinic	Post-Natal Clinic	
1939	278	44	644
1940	368	133	1,038
1941	784	213	2,203
1942	839	336	2,915
1943	1,127	318	3,953
1944	1,090	478	4,658
1945	945	468	4,426
1946	1,384	479	6,128
1947	1,325	571	6,647
1948	1,878	528	8,959
*1949	976	253	4,640
*1950	1,002	462	4,509
*1951	983	528	4,566
*1952	1,064	468	4,882
*1953	1,088	252	4,456

\* Does not include attendances at the County Hospital

## CAUSES OF NEO-NATAL DEATHS

England and Wales 1953

TABLE 25

Causes of Neo-Natal Deaths	England & Wales, 1953	
	Per Cent	Rate per 1,000 Live Births
All infective and parasitic diseases ... ..	.28	0.05
Bronchitis ... ..	.33	0.06
Pneumonia ... ..	7.35	1.30
Diarrhoea of newborn ... ..	.51	0.09
Immaturity ... ..	28.75	5.08
Congenital malformations ... ..	15.11	2.67
Asphyxia and atelectasis ... ..	20.32	3.59
Congenital debility and other ill-defined diseases of early infancy ... ..	1.61	0.30
Other causes ... ..	25.74	4.53
All causes ... ..	100.00	17.67



**NEO-NATAL DEATHS**

TABLE 26

Year	Live Births	Neo-Natal Deaths	Rate per 1,000 Live Births
1943	1,930	69	35.7
1944	1,946	71	36.4
1945	1,695	63	37.1
1946	2,042	55	26.9
1947	2,184	64	29.3
1948	2,005	39	19.9
1949	1,854	37	19.9
1950	1,761	38	21.58
1951	1,734	36	20.76
1952	1,702	30	17.62
1953	1,717	29	16.89

**STILLBIRTH RATES OF WHOLE COUNTY**

TABLE 27

Year	Stillbirths	Rate per 1,000 Total Births
1933	100	57.1
1934	89	52.9
1935	87	50.0
1936	83	49.4
1937	86	50.5
1938	92	53.2
1939	77	44.4
1940	82	49.0
1941	66	36.4
1942	96	47.1
1943	61	30.6
1944	60	29.9
1945	48	27.5
1946	54	25.8
1947	55	24.5
1948	51	24.8
1949	45	23.7
1950	39	21.6
1951	46	25.8
1952	44	25.2
1953	45	25.54



## CARE OF CHILDREN

The Children's Officer performs the duties relating to the care of children deprived of a normal home life, but close liaison is maintained between the Children's Department and the Health Department. Regular visits are made by Health Visitors to such children under five years of age as part of their normal duties and advice is given to foster parents regarding the health and care of the children. Facilities for obtaining any necessary treatment are extended.

Children at the Blodwel Children's Home are examined and supervised by one of the Assistant Medical Officers.

There is close liaison between the Health Department and the Children's Department in the arrangements made for the adoption of children. The advice of the Department is sought by the Children's Officer concerning the suitability of prospective parents and supervisory visits are made to children who have been placed for trial before actual adoption.

The Children's Committee, conscious of the need for additional nursery accommodation, continued their efforts to obtain suitable premises for establishing a new nursery and I am glad to report that successful negotiations were completed in the early part of this year.

The Council's arrangements for the protection of children against Tuberculosis were continued during the year. Children and staff of the Children's Home were examined by the Mass Radiography Unit of the Welsh Regional Hospital Board.

## CHAPTER 4

## MIDWIFERY

Three full-time and 46 part-time midwives were employed by the Council at the end of the year. The 46 part-time midwives also acted as Home Nurses, a practice which should be discontinued as soon as sufficient staff becomes available.

Forty-six of the midwives employed by the Council are qualified to administer gas and air analgesia and there are forty-three sets of apparatus provided for their use. Gas and air analgesia was administered to 262 mothers during the year—in 119 instances when the doctor was not present at the time the child was born.

All midwives have received full instructions in the administration of Pethidine and the conditions under which it is to be obtained and used. Pethidine was given to 234 mothers during 1953—in 92 instances when the midwife acted as a midwife and in 142 instances when acting as Maternity Nurse.

All Midwives attended Pre-natal clinics in centres adjoining their areas and the Special Midwives Relaxation Clinics where expectant mothers received instruction in their preparation for childbirth. Expectant mothers who were unable to attend these clinics were taught relaxation and given advice in their own homes by the midwives.

Midwives made 2,918 attendances on 829 mothers who were discharged from the County Hospital before the fourteenth day after confinement during 1953. Administrative arrangements described last year were continued.

Maternity Outfits of an approved type are issued to Midwives and 509 were given free of charge to mothers confined at home during 1953.

Medical Aid was summoned on 29 occasions during the year; in 21 instances where the Medical Practitioner had arranged to provide the patient with Maternity Medical Services under the National Health Service Act.

Details of the midwives practising in the county and the work performed by them are given in these tables :—

TABLE 28  
(1) Midwives

Midwives	Number Practising		
	Domiciliary Midwives	Midwives in Institutions	Total
(a) Employed by the County Council	49	—	49
(b) Employed by voluntary organisations :			
(i) Under arrangements with the Council ... ..	—	—	—
(ii) Otherwise ... ..	—	—	—
(c) Employed by the Hospital Management Committee ...	—	24	24
(d) In private practice (including Maternity Homes) ... ..	1	2	3
Totals ... ..	50	26	76

(2) Confinements Attended During 1953

	Domiciliary Confinements					Births in Institu- tions
	Doctor not Booked		Doctor Booked		Totals	
	Doctor present at delivery	Doctor not present	Doctor present at delivery	Doctor not present		
Midwives employed by the Council ...	4	64	236	181	485	—
Midwives employed by the Hospital Hospital Management Committee ...	—	—	—	—	—	1,710
Midwives in private practice including Nursing Homes ... ..	—	4	—	—	4	71
Totals ... ..	4	68	236	181	489	1,781

Tables Nos. 29, 30 and 31 illustrate the service provided.

TABLE 29  
Midwifery and Maternity Cases

Period January-December	Number of Case Nursed Entirely at Home	Number of Attendances	Number of Attendances per Case
1950	528	14,732	28
1951	498	15,494	31
1952	445	14,450	32
1953	487	15,810	32

Although the number of cases confined at home shows a reduction from 528 to 487, the duties of the midwives have not been correspondingly reduced because of the additional pre- and post-natal home attendances and the additional attendances of staff at pre- and post-natal and Midwives' Clinics. It should be emphasised that statutory attendances have to be paid to mothers discharged from hospital before the 14th day and details of these are given in Table 30 from which it will be seen that the number of such cases have been more than doubled since 1950.

**TABLE 30**  
**Discharged Hospital Cases and Miscarriages**

Period Jan. to Dec.	Miscarriages			Cases confined in Hospital but discharged home before the 14th day		
	Cases	Attendances	Attendances per Case	Cases	Attendances	Attendances per Case
1950	62	416	7	371	1,395	4
1951	41	247	6	641	2,434	4
1952	30	265	9	819	3,139	4
1953	26	309	9	821	2,908	4

Particulars of attendances by District Nurse/Midwives at half-day sessions at the various clinics are given in Table 31.

**TABLE 31**

	Period : January–December	
	1951	1953
Pre-Natal Clinics ... ..	810	861
Infant Welfare Clinics ... ..	482	561
Midwives Clinics ... ..	180	581
School Medical Inspections ... ..	57	92

## CHAPTER 5

**HEALTH VISITING**

Eighteen Health Visitors performed this service under the supervision of a Superintendent during 1953. In addition three District Nurse/Midwives and the Infectious Diseases Nurse for whom dispensations were granted by the Ministry of Health acted as part-time Health Visitors in areas where there were no full-time Health Visitors. In last year's report a full summary of their duties was given on page 41.

The areas now provided with full-time Health Visitors are much too large and consequently the multifarious duties which they have to perform have to be seriously curtailed.

An interchange of posts between a Health Visitor from this county and a Health Visitor from New Zealand was arranged during 1953, through the Women's Public Health Officers' Association. Unfortunately the New Zealand Health Visitor who came here had to return home in 15 weeks because of domestic circumstances. I hope, however, that more of these interchange of posts will be arranged in the future because they undoubtedly help to extend the knowledge and experience of the Health Visitors concerned.

Three Health Visitors attended a Refresher Course for Health Visitors organised by the Women Public Health Officer's Association at Bedford College, London, towards the end of the year.

A precis of the work performed by the Health Visitors during the year is given in this table :—



TABLE 32

No. of attendances on children under one year of age :							
First attendances	...	...	...	...	...	...	1,515
Total attendances	...	...	...	...	...	...	18,880
No. of attendances on children between 1 and 5 years of age :							
First attendances	...	...	...	...	...	...	28
Total attendances	...	...	...	...	...	...	22,611
No. of other attendances :							
Housing and sanitation	...	...	...	...	...	...	154
Mental defectives	...	...	...	...	...	...	448
Home conditions of children	...	...	...	...	...	...	205
Old people	...	...	...	...	...	...	276
General illness	...	...	...	...	...	...	40
Tuberculosis	...	...	...	...	...	...	3,969
Infectious diseases	...	...	...	...	...	...	997
Miscellaneous attendances	...	...	...	...	...	...	3,471
No. of attendances (half-day sessions) at :							
Pre- and Post-Natal Clinics	...	...	...	...	...	...	248
Infant Welfare Clinics	...	...	...	...	...	...	704
General Clinics	...	...	...	...	...	...	197
Other Clinics	...	...	...	...	...	...	297
School Health :							
Follow-up attendances at homes	...	...	...	...	...	...	1,081
Follow-up attendances at schools	...	...	...	...	...	...	522
Attendances concerning uncleanliness (a) at homes	...	...	...	...	...	...	583
(b) at schools	...	...	...	...	...	...	605
No. of attendances at School Medical Inspections (half-day sessions)	...	...	...	...	...	...	337
Minor ailments treated	...	...	...	...	...	...	816
No. of attendances for treatment	...	...	...	...	...	...	1,676
No. of cleanliness examinations	...	...	...	...	...	...	77,613
No. of other attendances	...	...	...	...	...	...	429

## CHAPTER 6

**HOME NURSING**

The Home Nursing staff consisted of four full-time and forty-six part-time Home Nurses during 1953. The part-time Home Nurses also acted as District Midwives. In last year's report a full summary of their duties was given on page 43.

Attendances by District Nurses on patients in their homes affords them ample opportunity of giving advice and guidance. I consider it essential that the Nurses should develop the faculty of teaching "Health."

All Home Nurses are encouraged to attend Post Graduate Courses and 6 attended such courses during 1953.

Details of the work performed during the year are given in Table 33.

TABLE 33

Type of Case Attended	Analysis of Cases			Total Attendances during the year
	No. on Register at the beginning of the year	No. of new cases during the year	No. on Register at the end of the year	
Surgical ... ..	163	1,728	154	34,405
Medical ... ..	457	4,084	511	82,775
Infectious Diseases ... ..	2	4	—	40
Tuberculosis ... ..	29	149	21	7,227
Other ... ..	13	3,786	18	5,611
Totals ... ..	664	9,751	704	130,058

An indication of the increasing demand on this service since the Council became responsible for it in July 1948 may be obtained from Table 34. We see that the number of home nursing cases increased by 2,365 for the same periods between 1950 and 1953 and the corresponding number of attendances increased by 26,616.

TABLE 34  
**Home Nursing**

Period January- December	Number of Cases	Number of Attendances	Attendances per Case
1950	7,018	97,989	14
1951	10,447	115,609	11
1952	9,856	120,778	12
1953	10,415	130,058	12

## CHAPTER 7

**VACCINATION AND IMMUNISATION**

Arrangements for performing vaccination and immunisation continued as in 1952.

As was to be expected when vaccination ceased to be compulsory in July 1948, there was a marked reduction in the number of children vaccinated in the latter half of that year, and in 1949. It was at once necessary to re-educate parents and convince them of the value of this service to their children. It was no easy task to guide parents to do something voluntarily which they had hitherto been compelled to do reluctantly. Continued persuasion and teaching by the Medical and Nursing staffs over the last five years has, I am glad to say, increased the number of children vaccinated and it is gratifying to see a steady increase in this figure annually. Still greater efforts must be made, however, to ensure that a much larger proportion of the children born in the county are vaccinated.

Table 35 gives details of the vaccinations performed during 1953.

TABLE 35

No. of Children	Age at time of Vaccination				Total
	Under 1	1—4	5—14	Over 15	
Vaccinated ...	613	260	41	61	975
Re-vaccinated ...	—	3	8	144	155

**Immunisation**

Immunisation against Diphtheria was performed by the Council's Assistant Medical Officers and by General Practitioners. The number of children who completed the full course of immunisation in 1953 was 1,138, of whom 852 were immunised by Assistant Medical Officers and 286 by General Practitioners.

The remarkable success of this scheme since it was first introduced in the county in 1939 is shown in Table 36, but it is important to ensure that the almost complete eradication of this disease in recent years is not interpreted by parents as an indication that Diphtheria Immunisation is no longer necessary.

Arrangements for propaganda and "boosting" have continued as detailed in the 1952 report.

TABLE 36

**DIPHTHERIA—INCIDENCE AND MORTALITY****Rates per 100,000 Population**

Year	Incidence		Mortality	
	Cases Notified	Attack Rate	Deaths	Death Rate
1939	202	169	8	7
1940	175	137	10	8
1941	204	143	10	6
1942	242	176	8	7
1943	159	120	3	2
1944	85	67	3	2
1945	91	74	3	3
1946	19	15	1	1
1947	19	15	—	—
1948	18	14	—	—
1949	2	1.6	—	—
1950	1	0.8	1	0.8
1951	2	1.6	—	—
1952	—	—	—	—
1953	—	—	—	—

TABLE 37

**Number and Percentage of Children Immunised at 31st December, 1953**

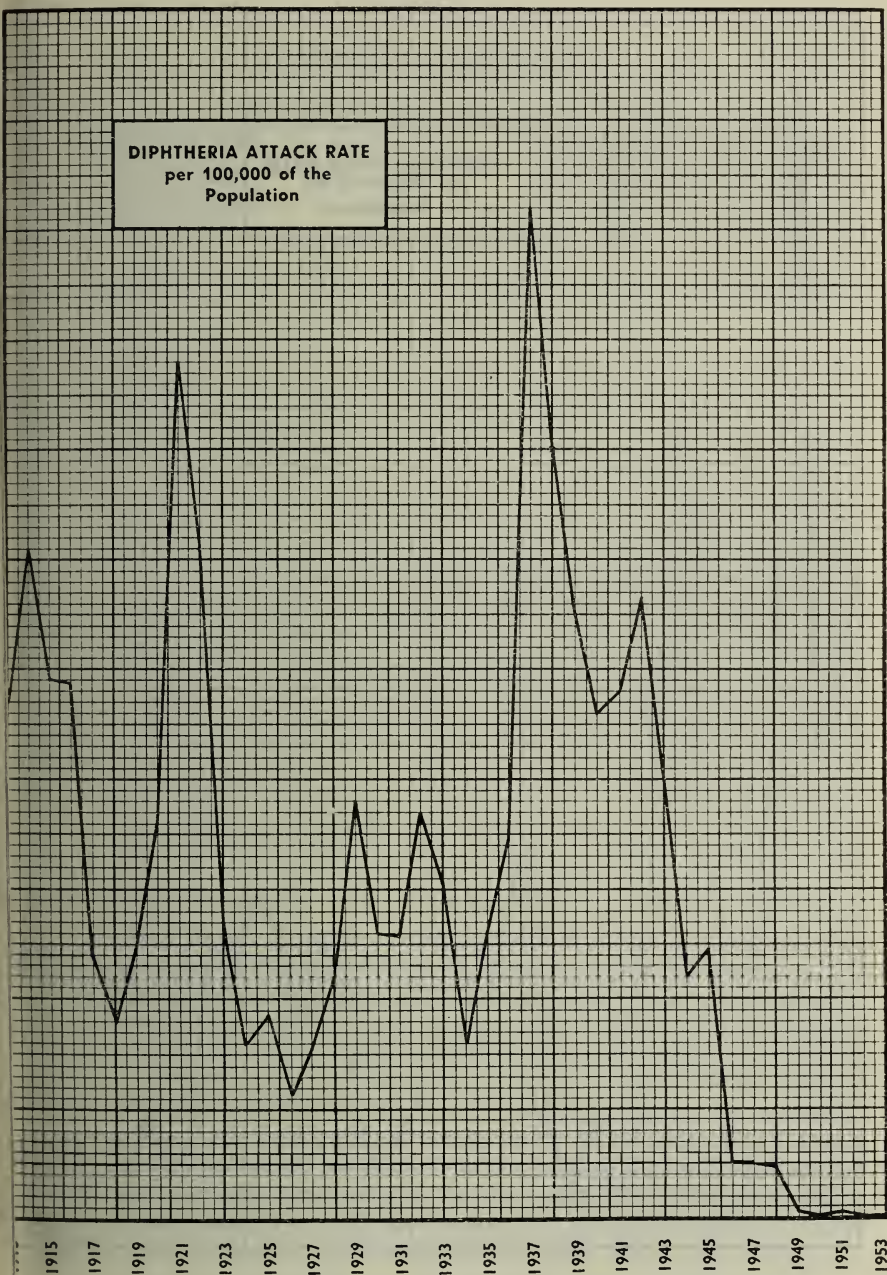
	0-4 years	5-14 years	Total
Child Population ... ..	8,380	17,090	25,470
Children Immunised ... ..	4,973	13,238	18,211
Percentage ... ..	59.34	77.46	71.49

**Analysis of the Above Table**

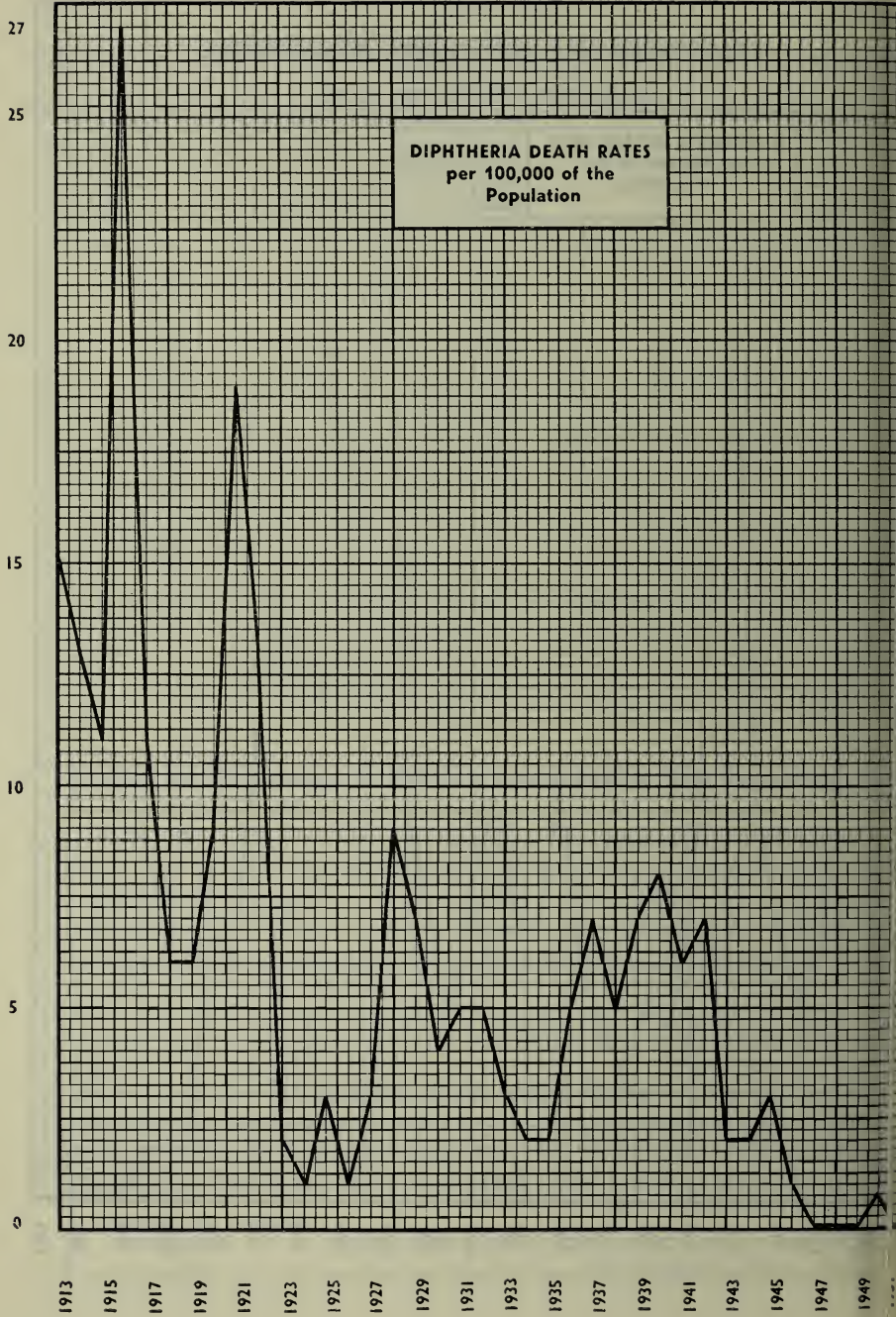
Year of Birth	1939- 1943	1944- 1948	1949	1950	1951	1952	1953	Total
Number of Children Immunised ...	6,337	6,901	1,379	1,296	1,192	990	116	18,211



**DIPHTHERIA ATTACK RATE**  
per 100,000 of the  
Population







## CHAPTER 8

**AMBULANCE SERVICE**

This Service is administered under my general direction. The Chief Fire Officer also holds the appointment of County Ambulance Officer and the General Control Room is common to both Services.

This is a summary of the report prepared by the Chief Ambulance Officer for the year 1st April, 1953, to 31st March, 1954.

" The Statistics prove that there has again been a very large increase in the number of patients moved and, according to hospital records, they also have been called upon to treat more cases than hitherto.

The total number of cases moved during the period under review was 40,448 and this is 6,391 over and above the figure for the previous year. Of this number the cases moved by sitting cars increased by 2,909, sitting cases moved by ambulances increased by 2,700, and there were also increases in ambulance cases and by outside authorities. As the Committee will well understand the amount of work has put much pressure on the Service and we are still facing difficulties with emergency cover for the area. Much has been done in an effort to reduce the number of persons to be carried and several meetings with the Hospital Management Committee and Local Medical Committee have been held and although there is complete co-operation and liaison the number of cases moved has continued to rise. According to press reports the Minister of Health has issued instructions to Hospital Management Committees for waiting time to be reduced at the hospitals, to dispense with the practice of multiple or block bookings and that as far as possible each patient should be called for at the time he is expected to see the doctor. This, no doubt, is the goal to be aimed at, but it does appear to me at first glance that if such a recommendation was fully implemented in an area such as we cover in this County it might mean very much heavier costs to the Ambulance Service next year due to the increase in the number of separate journeys which would have to be made to satisfy this recommendation.

The number of out-of-County cases removed has also increased from 2,186 last year to 2,529 this year with an increase of 23,103 miles.

It would be remiss of me if I did not pay a tribute to the Control Room Staff and the personnel of the department for the manner in which they have acted in their endeavours to meet the extra demands made upon them. Sickness in the department during the year has been heavy and this, as will be appreciated, has added to the task.

The question of accommodation leaves much to be desired and it is to be hoped that, in the not too distant future, it will be possible to house both ambulances and personnel in buildings properly designed and equipped for the running and maintenance of an efficient service.

The following statistics indicate the work carried out during the year and, for comparison, the figures for the previous year are also shown.

NO. OF CASES DEALT WITH					1953/54	1952/53
1. Accident cases	...	...	...	...	245	290
2. Ambulance case removals	...	...	...	...	6,935	6,220
3. Sitting case removals by ambulances	...	...	...	...	14,784	12,080
4. Sitting case removals by sitting cars	...	...	...	...	18,261	15,350
5. By outside Authorities	...	...	...	...	212	100
6. By rail transport	...	...	...	...	11	
Total Cases...					40,448	34,050

## MILEAGE

By ambulances	...	...	...	...	259,649	247,210
By sitting case cars	...	...	...	...	380,288	333,540
Total	...	...	...	...	639,937	580,750

## ANALYSIS OF CASES

Accident	...	...	...	...	245	290
General removals (ambulance cases)	...	...	...	...	5,044	4,530
Emergency removals (by ambulances)	...	...	...	...	1,477	1,290
Maternity removals (by ambulances)	...	...	...	...	195	210
Infectious removals (by ambulances)	...	...	...	...	219	180
Sitting cases by ambulances	...	...	...	...	14,784	12,080
Sitting cases by sitting cars	...	...	...	...	18,261	15,350
By rail transport	...	...	...	...	11	
By outside authorities	...	...	...	...	212	100
Total	...	...	...	...	40,448	34,050

(There were 5 occasions when babies were born in ambulances en route from home to hospital.)

**Accidents Analysis**

As will be seen from the foregoing statistics the Ambulance Service conveyed 245 accident cases to Hospitals. Apart from 91 miscellaneous cases consisting of climbing accidents, collapses, children playing, etc the remainder are classified as follows :—

Motor cars or lorries	46	In the streets	...	27
Motor cyclists	22	At work	...	33
Pedal cyclists	6	At home	...	20

Medical practitioners were in attendance at 117 of these accidents and on 90 occasions first aid treatment was given by Ambulance Service personnel prior to removing patients to Hospital.



**Patients Conveyed out of this County including Patients Conveyed to their  
Homes or to Hospitals, etc.**

Destination	Ambulances		Sitting Cars	
	Patients	Mileage	Patients	Mileage
Liverpool ... ..	191	15,101	874	63,730
Wales ... ..	424	18,141	793	34,357
Rest of England ...	102	21,067	145	18,215
Totals ... ..	717	54,309	1,812	116,302

**Sitting Car Service**

As in previous years a proportion of the total of sitting case patients were carried by hired cars or taxis together with, in the Conway district only, cars operated by the W.V.S.

**TRANSPORT**

The strength of the Ambulance Service fleet as at the 31st March, 1954, was 18 ambulances of which 6 were the dual purpose vehicles purchased between 1950 and 1953.

During the year 2 new ambulances (not dual purpose) were purchased and stationed at Bangor and Conway respectively. As an experiment, the Ambulance at Conway was fitted with forward-facing bucket seats for sitting patients and from reports received from such patients this type of seat arrangement has been more beneficial to patients than the normal bench seat facing inwards.

Two ambulances were disposed of by competitive tender, namely 1932 Vauxhall and 1929 Rolls Royce and the 1949 Austin ambulance stationed at Conway was handed back to the Conway St. John Ambulance Brigade.

At the Ambulance Sub-Committee in March, 1954, it was decided to change the policy with regard to the size of ambulances to be purchased during the 1954/55 financial year and tenders are being invited for the supply of two minor type ambulances on Bedford 10-12 cwt. chassis.

**CIVIL DEFENCE**

**Recruitment**

The strength of the Civil Defence Ambulance Service as at the 31st March, 1954, was as follows :—

Males ...	47	Females ...	47	Total ...	94
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This shows an increase of 22 personnel as compared with the same date last year. This Section is now 23 persons over the requisite peace-time establishment of 71.

## Training

Section training has proceeded successfully at Llanberis and Caernarvon. With the exception of lectures to be given by specialists from other Sections the Llanberis class have now completed the necessary Section Training and have latterly been occupied in completing a full First Aid Course. The class has also been given instruction in driving ambulance vehicles.

The Caernarvon Class has also been engaged, apart from normal work in learning to drive ambulances and I am pleased to report satisfactory progress in this direction.

Progress in Section training has, unfortunately, not been so satisfactory at Llandudno and Bangor owing to lack of attendance. An attempt has been made to overcome this by holding classes at which members from all sections can combine to study the subjects applicable to all sections."



## CHAPTER 9

**PREVENTION OF ILLNESS, CARE AND AFTER CARE**

These services, for the prevention of illness and the care and after-care of sick or mentally defective persons remains as detailed on pages 51 and 52 of my report for 1952.

Nine open-air shelters were on loan to patients in various parts of the county during the year and were of considerable value in the semi-isolation of patients from the remainder of their families, and in relieving overcrowding in their homes. Patients were given advice and guidance so that they could derive the greatest benefit from their use.

The chronic nature of this disease often causes financial worry and depression. In addition to obtaining financial assistance for patients from Statutory and Voluntary bodies, the Welfare and Rehabilitation Officer has been able to assist some patients by introducing occupational therapy and assisting them to sell their products. Further extension of occupational therapy would be most beneficial to many patients if staff were made available.

The services provided by the Council for the prevention of tuberculosis, and for the care and after-care of tuberculous patients are administered in close co-operation with those of the Regional Hospital Board for diagnosis and treatment, and arrangements made many years ago for the examination of contacts to notified cases of tuberculosis have been continued.

Immediately notifications of tuberculosis are received in my Department, the Health Visitors for the areas are asked to visit the homes and to submit full details of all contacts to me. These contacts are then invited to attend at special weekly clinics held by the Chest Physician in various parts of the county, and reports of the examinations are recorded in my Department. Contacts who fail to attend for examination when invited are visited by the Health Visitors and persuaded to attend at later clinics.

A personal letter is sent by me to parents who do not attend after the Health Visitor's second visit. I am still disappointed at the response of some families to the offer of examination. We fail to attract all contacts, and the outlook of all those concerned with tuberculosis requires revision. I am convinced that the enthusiastic and complete Scandinavian practice of control and eradication would, if adopted in this country, produce equally remarkable results. But one fundamental essential is lacking—a sufficient number of Sanatorium beds.

Table 39 on page 54 gives particulars of "contacts" who were examined at these clinics in 1953, with the results of the examinations.

There is full exchange of information concerning patients and their families between the Chest Physician and my Department and services provided by the County Council are frequently made available to patients

on the recommendations of the Chest Physician. The Welfare and Rehabilitation Officer of the County Council maintains close liaison with the Chest Clinics.

The Mass Radiography Unit of the Welsh Regional Hospital Board commenced a comprehensive survey of the County in July 1953, and visited Bangor, Caernarvon, Bethesda, Llanberis and Llanrug during the year. A visit for the first time of the service to the smaller villages in the County was made possible by the welcome addition of a separate Unit for North Wales. With the co-operation of the County Health Department the Surveys at Bethesda, Llanberis, and Llanrug were organised to secure the examination of all the people fit to leave their homes. A house-to-house canvass was made and some of the older people were conveyed free to the Unit's headquarters.

Separate sessions were arranged in each area for the examination of school children and transport was provided for children from some of the outlying areas.

A special effort was made in conjunction with the Director of Education to secure the examination of all schoolteachers and school canteen staff.

Table 38 gives details of the persons examined at Bangor and Caernarvon.

TABLE 38

# Analysis, in Age Groups, of the Findings of the Mass Radiography Survey at Bangor and Caernarvon

JULY 1953

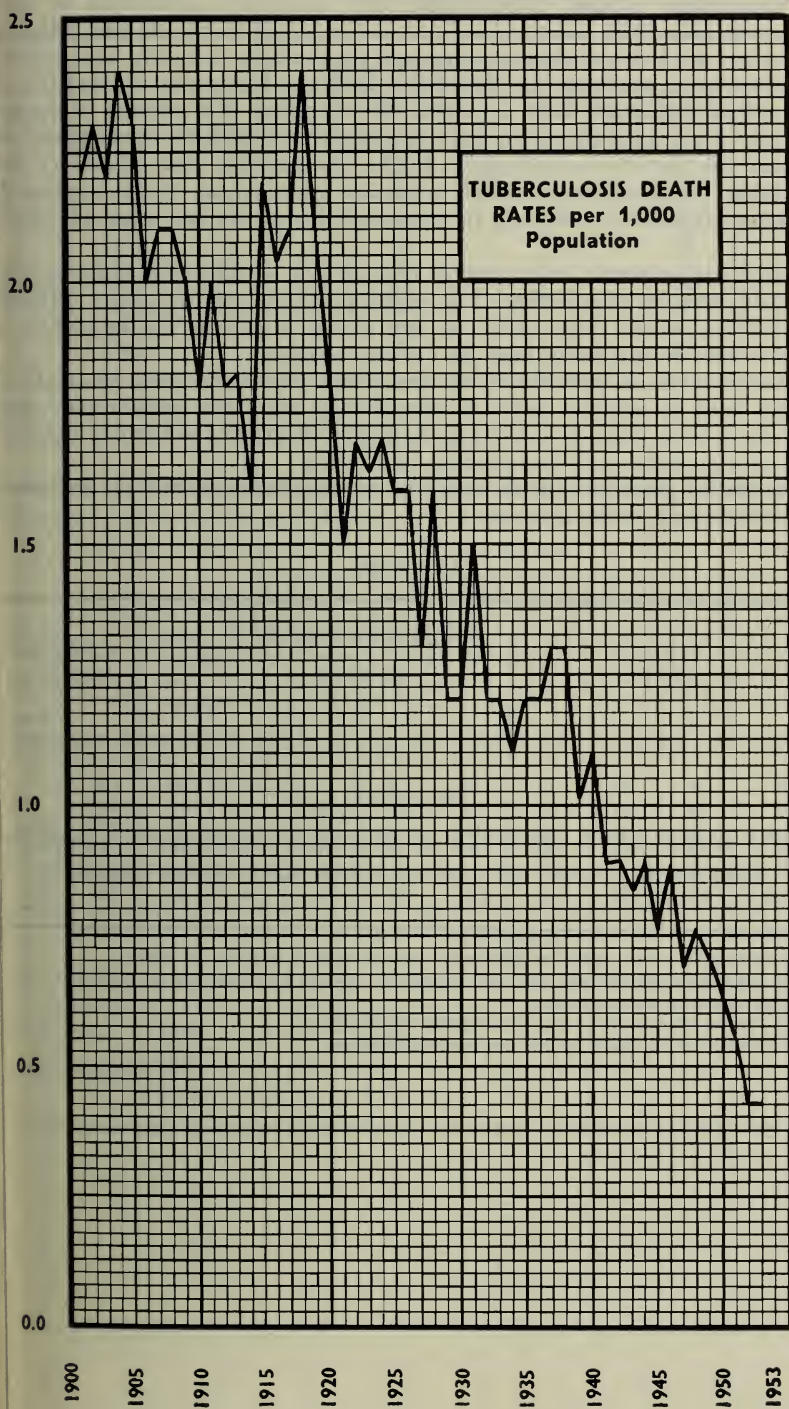
	Grand Total	Under 15		15-24		23-34		35-44		45-59		60 and over		Total:	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Total number examined ... ..	2,430 2,465	127 165	119 150	238 178	386 442	221 181	242 231	186 143	199 247	211 187	284 325	108 93	109 123	1,091 947	1,339 1,518
Number found to be abnormal ... ..	118 of 4.86% 140 of 5.68%	— 3	— 1	4 4	3 8	6 7	5 6	9 8	9 9	18 24	18 26	30 23	16 21	67 69	51 71
Classification of abnormal cases :															
(a) Pulmonary Tuberculosis ... ..	1 of 0.04% 4 of 0.16%	— —	— —	1 —	— 1	— —	— 1	— —	— —	— —	— 1	— 1	— —	1 1	— 3
(b) Requiring further observation ... ..	22 of 0.91% 16 of 0.65%	— —	— —	— 1	2 2	3 —	1 2	4 1	3 —	2 —	1 5	6 2	— 3	15 4	7 12
(c) Other abnormalities of the chest ... ..	95 of 3.91% 129 of 4.87%	— 3	— 1	3 3	1 5	3 7	4 3	5 7	6 9	16 24	17 20	24 20	16 18	51 64	44 56

TABLE 39

No. Referred				Result of X-Ray Examination										Failed to Attend			
Age Period				Pulmonary Tuberculosis										Age			
				Positive					For Observation					Negative			
				—5		5—16		Adult	—5		5—16		Adult	—5		5—16	
				M.	F.	M.	F.	M.	M.	F.	M.	F.	M.	F.	M.	F.	Total
34	45	94	93	153	217	638	1	2	2	2	3	2	—	1	5	5	
																	167

In addition one male aged 5-15 years was found to have Non-Pulmonary Tuberculosis.







**Vaccination against Tuberculosis** was originally introduced in this county in July 1950, but was confined at the outset to infants and children in contact with tuberculous parents and particularly to newly born babies of tuberculous mothers. In November 1953 the Ministries of Health and Education indicated their approval of extending this service to school leavers. I am glad to record that the Health Committee have agreed to extend the service accordingly. B.C.G. vaccination will, therefore, be available to all school children who are approaching their fourteenth birthday and each child will be observed during its last year of school life.

There is no doubt in my mind that B.C.G. vaccination reduces considerably the risk of infection. This added protection should prove valuable to children before they enter an age group in which the incidence of tuberculosis is relatively high in Caernarvonshire.

Vaccination is performed by the Chest Physician and his staff at clinics held in various parts of the county after the preliminary skin tests have been done by Assistant Medical Officers of the County Council, who also perform post vaccination skin tests.

Table 40 gives details of children vaccinated with B.C.G. since the commencement of the scheme.

TABLE 40

Year	Preliminary Skin Test		Children vaccinated with B.C.G.						Reaction after Vaccination	
			Age Periods							
	+	—	—1	1—5	5—10	10—15	15—20	Total	Positive	Nega- tive
1950 ...	10	36	13	10	6	7	—	36	36	—
1951 ...	41	116	18	35	35	26	2	116	114*	1†
1952 ...	22	147	26	61	34	22	4	147	139‡	—
1953 ...	34	101	42	25	18	12	4	101	99	—
Totals...	107	400	99	131	93	67	10	400	388	1

\* One child left the county before an examination could be made to ascertain the reaction.

† Child had negative reaction after first Post Vaccination Test and was given a second application but the parents refused further examination.

‡ Eight children failed to attend for post-vaccination examination.

|| Two children failed to attend for post-vaccination examination.

TABLE 41

Year	No. of Registered Deaths from Tuberculosis (All forms)	Death Rate per 100,000 of the Population
1944	113	89
1945	94	77
1946	108	88
1947	85	69
1948	95	76
1949	88	71
1950	79	64
1951	68	55
1952	49	40
1953	49	40

TABLE 42

Summary of Formal Notifications of Tuberculosis received during 1953

		AGE PERIODS													Total all Ages
		0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	
PULMONARY :	Males ...	—	—	5	4	4	11	6	10	12	15	11	10	3	91
	Females ...	2	1	4	4	12	10	10	12	9	7	7	3	1	82
NON-PULMONARY :	Males ...	—	1	2	2	—	1	—	—	2	2	—	—	—	10
	Females ...	—	—	3	2	3	1	1	2	2	—	—	—	—	14

TABLE 43

Few Cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during 1953 otherwise than by Formal Notification

		AGE PERIODS													Total all Ages
		0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	
PULMONARY :	Males ...	—	—	—	—	—	—	—	—	—	—	1	2	2	5
	Females ...	—	—	—	—	—	—	—	—	1	1	—	1	—	3
NON-PULMONARY :	Males ...	—	—	—	—	—	—	—	1	—	—	—	—	1	2
	Females ...	—	—	—	—	—	—	—	—	1	—	—	1	—	2

TABLE 44

**Distribution of Mortality**

	Age Period						Total All Ages
	Under 1	1-	5-	15-	45-	65-	
Pulmonary :							
Males ... ..	—	—	—	5	12	16	33
Females ... ..	—	—	—	1	6	3	10
Non-Pulmonary :							
Males ... ..	—	—	—	1	3	—	4
Females ... ..	—	—	—	1	—	1	2
Totals ... ..	—	—	—	8	21	20	49

**CANCER**

The death rate for Cancer in 1953 was 2.54 a decrease of 0.3 per 1,000 of the population as compared with 1952. The rate has increased however, from 1.2 per 1,000 of the population in 1902.

I have commented fully on this matter in my report for last year, and particulars of the deaths in 1953 are given in these tables.

TABLE 45

Urban		Rural	
Bangor ...	24	Nant Conway ...	11
Bethesda ...	10	Gwyrfai... ..	69
Betwsycoed ...	1	Lleyn ... ..	39
Caernarvon ...	28	Ogwen ... ..	7
Conway ...	34		
Criccieth ...	3		
Llandudno ...	37		
Llanfairfechan...	11		
Penmaenmawr	10		
Pwllheli ...	17		
Portmadoc ...	11		
Totals ...	186		126

## AGE AND SEX DISTRIBUTION OF DEATHS

TABLE 46

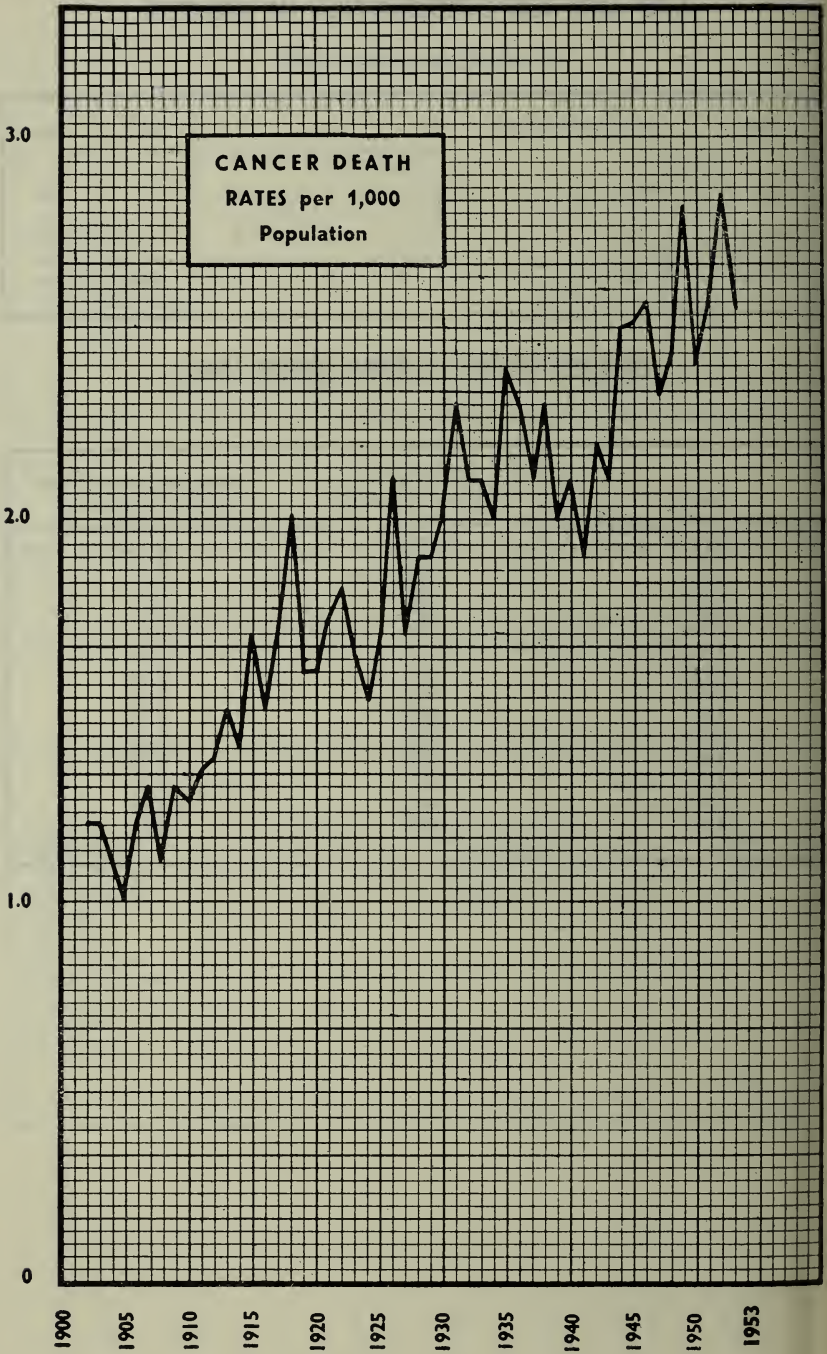
Sex	All ages	Under 1	1-	5-	15-	45-	65-
Males ...	146	—	—	—	6	57	83
Females ...	166	—	—	—	8	51	107
Totals ...	312	—	—	—	14	108	190

## DEATHS FROM CANCER SINCE 1940

TABLE 47

Year	Number of Deaths	Death Rate per 1,000 of the Population
1940	273	2.1
1941	276	1.9
1942	303	2.2
1943	281	2.1
1944	328	2.5
1945	306	2.51
1946	315	2.57
1947	285	2.32
1948	304	2.43
1949	348	2.82
1950	297	2.40
1951	317	2.57
1952	349	2.84
1953	312	2.54







## OTHER ILLNESSES

Patients suffering from illnesses other than tuberculosis can receive some of the service available to tuberculous patients. Consultants in the various hospitals in the county have been invited to let me have any relevant medical information about any patients who could be helped through the Welfare and Rehabilitation Service or any of the other services provided by the County Council.

The services rendered by the Welfare and Rehabilitation Officer, Health Visitors, District Nurses and Home Helps are often supplemented by the issue on loan of articles of nursing equipment for the temporary use of patients.

**Convalescence** is provided at suitable homes for persons who have been discharged from hospitals or have recovered from illness at home, and who require a further period of recuperation.

Financial responsibility was accepted for the maintenance of six persons at these homes during 1953.

The Welfare and Rehabilitation Officer submitted this report on the work she performed during the year.

“ TO THE COUNTY MEDICAL OFFICER OF HEALTH.

During 1953 the work has continued and developed along the lines laid down in past years. The principal aim has been to ensure that all patients receive the help available to them from statutory and voluntary sources, so that they may be assisted to overcome the social difficulties brought about by illness.

Approximately fifty per cent of the work has been among the tuberculous patients, who need help throughout the length of their illness. In the early stages, re-assurance and explanation of the services available is essential.

By working in close conjunction with the National Assistance Board and other statutory and voluntary bodies, many patients and their families have been relieved of financial worry and encouraged to accept treatment.

The help of the Women's Voluntary Services in supplying clothing to many such persons is very much appreciated.

So many patients receiving domiciliary treatment have derived much benefit from the provision of handcraft materials. Members of the British Red Cross Society have been most helpful in giving, voluntarily, necessary instructions in the use of materials.

A young man of Polish nationality, receiving domiciliary treatment, was supplied with Polish books and periodicals from The Polish Ex-Combatants Association, contacted by me.

Close co-operation with Disablement Resettlement Officers has been maintained throughout the year in the placing of the tuberculous in suitable work.

Two young men, who were previously unwilling, have been persuaded to take advantage of the Ministry of Labour Training Schemes, and are now receiving training in Cardiff.

Voluntary Societies are contacted, and have again helped considerably where the statutory bodies are precluded.

A Service Pensioner, who had received extensive surgical treatment for tuberculosis, and is fit only for home employment, was awarded a grant by the Emergency Help Service of the British Red Cross Society to buy photography equipment so that he could undertake some work in his own home.

I am glad to be able to report that the Artist who was assisted in 1952 is now entirely supporting himself and his family.

Orthopaedic cases have also been assisted. A flat knitting machine has been provided for one man severely crippled following Anterior Poliomyelitis, working at home with a stocking knitting machine, so that he has been able to increase the range of goods which he offers for sale. It will now be necessary for a workshed to be provided so that he may be able to obtain and fulfil further orders. The Ministry of Labour has been approached with a view to this.

A scarf loom has been very kindly loaned by Mr. J. O. Jones, from the Welsh Woollen Mills, Penygroes, to two girls living in an isolated area, suffering from muscular atrophy. Mr. Jones has voluntarily given his spare time to instruct the girls in the use of the loom, and they are very delighted to have attempted and achieved a new craft.

Mr. Jones has also given instruction in the use of a stocking knitting machine to one young girl suffering from a heart condition.

A considerable amount of work for the elderly returning home following hospital treatment, has been referred by Dr. Makinson. Much can be done to improve the conditions in which these old people are living, to make their lives less lonely. Practical help can be given by obtaining from voluntary or statutory sources some of the necessities of life, such as additional clothing and bedding. The work of voluntary societies in this field is of great value.

A wireless has been provided on loan by the Wireless for the Bedridden Society for one elderly lady living alone in an isolated area, and completely housebound.

The cost of repairs to a wireless set belonging to one elderly lady, who for many years has cared for her defective daughter, was borne by a local voluntary society.

Assistance has been given to many persons throughout the year, but the work accomplished has only been possible by working in the closest liaison with voluntary societies and statutory bodies, and with their help.

H. J. CROXFORD."

TABLE 48

**ANALYSIS OF WORK PERFORMED**

	Tuber- culosis	Dia- betic	Ortho- paedic	Card- diac	Respi- ratory	Others	Total
No. of visits to New Cases ... ..	118	4	32	62	19	88	323
No. of visits to Old Cases ... ..	388	21	99	84	39	124	755
No. of visits to or contacts with :							
Ministry of Labour ... ..	87	1	14	—	1	27	130
National Assistance Board ... ..	100	—	7	—	—	22	129
Housing Authorities ... ..	1	1	1	—	—	2	5
Red Cross and St. John Societies	69	1	5	—	1	27	103
Others ... ..	112	2	35	—	—	64	213
<b>TOTALS ... ..</b>	<b>875</b>	<b>30</b>	<b>193</b>	<b>146</b>	<b>60</b>	<b>354</b>	<b>1,658</b>

**BLIND PERSONS**

It has not been possible to obtain accurate information concerning all cases who have received treatment and, therefore, no figures are presented. Additional beds for the treatment of eye diseases are likely to be provided soon which will lessen the waiting time.

The total number of persons on the register at the end of 1953 was :

Blind ... ..	404
Partially blind ... ..	90

No cases of Ophthalmia Neonatorum nor Retroental Fibroplasia were reported during the year.

TABLE 49

**Registered Blind and Partially Sighted Persons**

	Cause of Disability			
	Cataract	Glaucoma	Retroental Fibroplasia	Others
1. Number of new cases registered during the year 1953 :				
(a) No treatment recommend- ed ... ..	1	1	—	40
(b) Treatment recommended (Medical, Surgical or Optical) ... ..	21	12	—	12

## VENEREAL DISEASES

The close co-operation between the Consultant Venereologist and the Department was maintained during 1953, in order to ensure that all persons suffering from Venereal Diseases obtain treatment as early as possible and that they continue treatment until they are completely cured. Enquiries were constantly made concerning persons who had been exposed to infection and persuasive measures were adopted to secure their attendance at the Clinics for examination.

Special transport was provided in some instances, particularly for mothers with very young babies, to convey them to the clinics for treatment.

The Clinic, established at my request at the County Hospital in 1949, was continued. All Wasserman positive mothers and children admitted to the Hospital receive treatment from the Consultant and are subsequently observed until cure can be declared.

Particulars of Caernarvonshire cases treated and the results of treatment during 1953 are given in these tables.

If all mothers who do not attend the pre-natal clinics received similar attention and treatment, congenital syphilis could be prevented and eliminated entirely.

### TABLE 50

Number of Specimens	Microscopical		Cultural	Serum		Cerebro-spinal Fluid	Others for diagnosis of V.D.
	For Syphilis	For Gonorrhoea		For Syphilis	For Gonorrhoea		
1. Examined at and by the Medical Officer at the Treatment Centre	—	—	—	—	—	—	—
2. From patients attending at the Treatment Centres for examination to an approved laboratory	1	38	38	272	50	14	34



TABLE 51

Number of Cases	Syphilis		Gonorrhoea		Other		Totals		
	M.	F.	M.	F.	M.	F.	M.	F.	Total
der treatment or observation on 1st January ...	46	69	9	3	14	8	69	80	149
moved from the Register during any previous year									
which returned during the year under report for									
treatment or observation of the same infection ...	4	8	—	—	—	2	4	10	14
alt with for the first time during the year under									
report (exclusive of cases under item 4) ...	11	17	8	3	38	26	57	46	103
alt with for the first time during the year under									
report but known to have received treatment at									
other centres for the same infection ...	3	2	1	—	—	—	4	2	6
Total (Items 1-4) ...	64	96	18	6	52	36	134	138	272
charged after completion of treatment and final									
test of cure or after diagnosis as non-venereal ...	7	15	7	3	42	21	56	39	95
ich ceased to attend after completion of treatment									
ut before final discharge ...	6	13	5	2	—	—	11	15	26
ich ceased to attend before completion of treat-									
ment or who died ...	4	1	—	—	—	—	4	1	5
nsferred to other centres or to institutions or to									
are of private practitioners ...	2	1	1	—	—	—	3	1	4
aining under treatment or observation on									
December 31st ...	45	66	5	1	10	15	60	82	142
Total (Items 5-9) ...	64	96	18	6	52	36	134	138	272
cluded in Item 6 which failed to complete one									
course of treatment ...	—	—	—	—	—	—	—	—	—
umber of attendances for individual attention by									
medical officers and for intermediate treatment ...	414	677	49	46	106	64	569	787	1,356



## BACTERIOLOGICAL AND PATHOLOGICAL SPECIMENS

Table 53 gives details of the bacteriological and pathological specimens sent for examination to the Public Health Laboratory at Conway.

TABLE 53

Faeces (for the presence of food poisoning organisms)	...	...	193
Nose and Throat Swabs (for the presence of Haemolytic Streptococci)	...	...	25
Nose and Throat Swabs (for Diphtheria Bacilli)	...	...	3
Food and Containers (for the presence of food poisoning organisms)	...	...	1
Urine	...	...	5
Anal (threadworm)	...	...	22
Eye (pneumococci)	...	...	1

## HEALTH EDUCATION

A great deal of time, energy and money could be expended on Health Education, but its success is inevitably associated with the manner in which it is accepted and appreciated by members of the public. It has, therefore, to be presented to the public in a form which is attractive and arresting, at a time suitable to the public, and in places virtually chosen by the public. Health education must be taken to the public and not the public to health education.

The Medical, Health Visiting and Nursing Staff of the Council have, therefore, been charged with the responsibility of educating and re-educating families residing in their areas in a way in which it will be best accepted. Advice given by a doctor to a mother in the privacy of his consulting room at a school or clinic, a hint from the midwife to a mother attending to her infant on her own hearth, personal advice by the Health Visitor given at the opportune moment—all will create a much better and more permanent impression than any advice given at a public lecture or meeting, if indeed one could persuade the public to attend such a meeting.

Health Education by personal contact in this way is, of course, supplemented by other means. In previous years, Health Exhibitions on a very comprehensive scale have been held in various centres in the county depicting the services provided under the National Health Service Act, and emphasising the essential points in the maintenance of good health.

The staff of the Health Department have given a series of lectures and demonstrations to School Canteen Staff. Constant contact is maintained with the School Meals Organiser and advice is frequently sought and given.

One rather unusual direction in which the Department has been active in the Health Education and Prevention of Illness sphere is the formation of the Caernarvonshire Clean Food Association on my recommendation in 1948. Although the progress of the Association is slow, it is, I believe, steadily consolidating and extending its position.

Posters and leaflets have been used extensively to draw the attention of the public to the part which they should play in maintaining their own and their children's health. Display sets loaned by the Central Council for Health Education have been shown at Infant Welfare Clinics and talks and displays given during Infant Welfare Clinic sessions.

The duties of the County Health Officer constantly bring him in contact with persons responsible for the production and selling of food-stuffs and for the preparation of food for sale in cafes and restaurants; milk producers, pasteurising establishments and milk retailers. The advice and guidance which he has given has been of considerable value in the prevention of infection and in the promotion of hygienic handling of food and milk supplies.

Home Safety Committees have been formed in Bangor and Caernarvon in conjunction with the Royal Society for the Prevention of Accidents in order to foster and encourage interest in the Prevention of Accidents in the Home. The Committees include members of the various voluntary organisations in the areas and members of the Medical and Nursing Staff of the Health Department.

A panel of speakers has been enlisted to address public meetings and the co-operation of the Chief Fire Officer and the Road Safety Organiser have been secured to assist the Committees. Lectures and demonstrations have been given at Infant Welfare Clinic Sessions and exhibits displayed in various clinic premises, in addition to the distribution of posters and leaflets, and smaller exhibits have been displayed in shop windows in two areas. Films have been shown at meetings of the Committees and are to be displayed at public meetings during this year.



## CHAPTER 10

**HOME HELP SERVICE**

This service is administered under the supervision of the County Superintendent, who acts as Home Help Organiser, and local supervision is performed by the District Nurse/Midwives.

Thirty-one full-time and three part-time Home Helps were employed at the end of 1953, and their service during the year has been of considerable benefit to the families they assisted. Many letters have been received expressing appreciation of the service.

An analysis of the work performed during 1953 is given in this table :—

TABLE 54

Type of Case	No. of Cases on Register 1.1.53	No. of New Cases during the year	No. of Cases on Register 31.12.53
Maternity ...	3	70	3
Tuberculosis ...	2	10	6
Blind ...	—	1	—
General... ..	44	244	49
Totals ...	49	325	58

## CHAPTER 11

**MENTAL HEALTH SERVICES**

Administrative arrangements continued as in 1952. Difficulties have occasionally arisen because Authorised Officers have not been available when required due to having to perform their other duties as Registration Officers and Welfare Officers for the County Council, and it has been impossible to recruit the staff of Mental Health Workers originally envisaged in the Council's proposals.

Close co-operation exists between the Medical Staff of the North Wales Hospital for Nervous and Mental Disorders and the staff of the Health Department. Interchange of reports has been of considerable value in the assessment and diagnosis of the several cases treated.

No Voluntary Associations exist in the County for the care of Mental Defectives and mental patients, and no arrangements have been initiated for training Mental Health Workers.

**Work Undertaken in the Community**

- (a) No definite service can be provided because staff is not available. If the staff authorised in the Authority's proposals could be obtained, a comprehensive service could be established. I am convinced of the necessity and the advantages of a fully co-ordinated preventive service functioning in close collaboration with the Hospital Service.

Appropriate action and assistance in the early stages of mental illness can prevent the patient becoming worse, and in many cases it has been possible to avoid admission to a Mental Hospital. But two important and essential conditions are necessary—firstly, finding and treating the patient in the earliest stages of the disease, and secondly, employing expert and efficient staff (Psychiatric Social Workers) to deal with the patient in his home and work environment under the direction of the Medical Psychiatrist. All aspects of the patient's environment and circumstances have to be considered and, if necessary, ameliorated or altered. Among the most important matters that need consideration are the patient's work, his relations with his family and the other members of the community, and the proper use of his leisure time. Attention given to these matters consumes much time and energy but produces very satisfactory and lasting results.

The conditions which apply to the successful treatment of early mental disease apply also with equal force to success in dealing with patients discharged from hospital. It is now generally recognised that a patient discharged from a Mental Hospital requires very special care and assistance if he is to resettle easily, effectively and permanently in the community.

- (b) Particulars of patients with whom duly Authorised Officers were concerned under the Lunacy and Mental Treatment Acts 1890-1953 are given in Table 55.

TABLE 55

	Admitted 1953	Discharged 1953
Certified ... ..	54	93
Voluntary Patients ...	137	133

Details concerning the ascertainment of Mental Defectives are given in this table.

Training is not provided for defectives at home nor at Occupation Centres.

TABLE 56

	During 1953				Total at 1st January, 1954			
	Age under 16		Age 16 and over		Age under 16		Age 16 and over	
	M.	F.	M.	F.	M.	F.	M.	F.
1. CASES REPORTED—								
(a) By Local Education Authority :								
(i) While at School or liable to attend School ... ..	7	3	—	—	—	—	—	—
(ii) On leaving Special Schools ...	—	—	—	—	—	—	—	—
(iii) On leaving Ordinary Schools ...	1	—	—	—	—	—	—	—
(b) By Police or Courts ... ..	—	—	—	—	—	—	—	—
(c) Other Sources ... ..	1	—	3	8	—	—	—	—
(d) Cases reported but not confirmed as defectives by 31st Dec. and thus excluded from (a) ... ..	5	1	3	1	—	—	—	—
Totals ... ..	14	4	6	9	—	—	—	—
2. DISPOSAL OF CASES—								
(a) Those "Subject to be Dealt with":								
(i) Placed under Statutory Supervision	9	3	2	2	22	16	23	11
(ii) Placed under Guardianship ...	—	—	—	2	1	3	14	20
(iii) Taken to "Place of Safety" ...	—	—	—	—	—	—	—	—
(iv) Admitted to Institution ... ..	—	—	1	4	7	7	52	53
(b) Not "Subject to be Dealt with":								
(i) Placed under Voluntary Super- vision ... ..	—	—	—	—	—	—	37	23
(ii) Action unnecessary ... ..	—	—	—	—	—	—	—	—
Totals ... ..	9	3	3	8	30	26	126	107

## CHAPTER 12

**MILK SUPPLIES**

I have received this Report from the County Health Officer :—

*“ To the County Medical Officer of Health.*

DEAR SIR,

**Supervision and Licensing of Pasteurising Establishments**

During the year I have inspected at frequent intervals the four pasteurising establishments licensed by the County Council. I am glad to report of the good relationship existing between myself and the managements of the dairies concerned, for it is in this atmosphere of goodwill rather than coercion that my task of promoting dairy hygiene can best succeed.

I am of the opinion that all dairy operatives should possess a knowledge of dairy hygiene. It has been my experience in general to find that employees in the dairy industry are engaged on account of their experience of the routine work involved, while their knowledge of dairy hygiene is not questioned. Pasteurising plants and equipment are highly technical pieces of machinery and it is no easy matter to ensure their efficiency. This part of the dairy industry, in its present mechanical form, is a comparatively new industry, having its beginnings in 1923 when the first Milk (Special Designation) Regulations were issued. The development of pasteurising technique and in particular pasteurising equipment has progressed rapidly. Apart possibly from the supervisory portion of the dairy staffs, dairy hygiene education has lagged seriously behind the swift development of the industry itself. Since pasteurisation is regarded as the last line of defence against the potential danger of consuming milk with bovine pathogenic organisms, we must not overlook the possibility of being lulled into a false sense of security by the efficiency of the machinery without equally efficient operators, whose main function is to maintain the equipment and machinery in such a state of cleanliness and repair so as to exclude any possibility of the contamination of the milk.

During the year 257 samples of milk taken both at Pasteurising Establishments and Schools were submitted for analysis. The Methylene Blue Test cannot be performed when the atmospheric temperature is above 65° F., and of the total number of samples sent to the Laboratory 247 were submitted to this test, the remaining 10 taken in June were not examined due to the high temperature. All samples were examined for phosphatase and 2 taken at one of the pasteurising establishments failed the test. I immediately made investigations and found that a thermographic chart on one of the pasteurisers was registering 3° F. above correct temperature. The instrument was adjusted and no further trouble was experienced. Washed bottles have been taken for examination and all were found to satisfy the required standards of cleanliness.



Many structural improvements have been made to these premises, and floors have received particular attention. Floors of dairies can be a constant source of trouble, because they must withstand not only the constant banging of heavy milk churns but also the erosive action of acetic acid.

### **Specified Area and the Compulsory Use of Special Designation**

I mentioned in my last report that a survey of the coastal strip from Prestatyn, Flintshire, to Llanfairfechan, would take place towards the end of this year in regard to making it a Specified Area. This has been completed and the Minister is proposing to specify this area as from a date not before the 1st April, 1954. From the appointed date it will be an offence for any distributor to sell to the consumer milk other than Tuberculin Tested, Pasteurised, Tuberculin Tested (Pasteurised) Sterilised and Tuberculin Tested Milk (Sterilised).

### **The Milk (Special Designation) (Pasteurised and Sterilised Milk) (Amendment) Regulations, 1953**

In so far as these regulations refer to pasteurised milk the 1st October, 1954, is the date appointed from which it shall be compulsory to use caps or covers overlapping the lips of containers of pasteurised milk transported, exposed or offered for sale. When churns are used they shall be suitably sealed.

These regulations became operative on the 20th December, 1953. This gives ample notice to milk distributors and pasteurisers, who under the Second Schedule, Part 1, paragraph 7, sub-paragraph (2) of the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949, will be required from the 1st October, 1954, to put milk which is pasteurised into the containers in which it is to be delivered to the consumer, at the premises at which it is pasteurised.

These regulations will have very far reaching effects because :

- Pasteurised Milk will no longer be allowed to be sold to the consumer other than as pasteurised milk.
- Distributors now purchasing milk from pasteurisers and bottling it on their own premises will after the 1st October, 1954, have to purchase it from the pasteurisers in bottles or churns, properly sealed and labelled, and sell it to the consumer in these churns.
- All persons wishing to sell milk which has been pasteurised must be licensed to use the Special Designation " Pasteurised."

### **Herd Sampling for the Presence of Tubercle Bacilli**

During the year samples of milk were taken from all types of herds for biological examination. The bulk of the biological examinations were performed by the Ministry of Agriculture Research Laboratory, Bryn

Adda, Bangor, and a larger number than during the previous years by the Public Health Laboratory, Bryn Hyfryd, Conway. It was observed that several producer-distributors gave up their milk rounds and sold their milk wholesale to the Pasteurising Dairies. While there is still a great deal of raw milk consumed, pasteurised milk is consumed by the majority. The bulk of milk supplied to schools under the Milk in Schools Scheme is pasteurised. Seven schools only being in receipt of raw milk which, when samples were taken for examination for the Tubercle Bacilli, proved satisfactory. The total number of samples submitted for biological examination was 359, none of which were infected with Tubercle Bacilli. The results indicate an improvement on the last two years, when somewhat fewer samples were submitted for examination and no positive results were reported.

Towards the latter part of the year arrangements were made with the Public Health Laboratory, Conway, to report on samples of milk infected with *Brucella Abortus*. The ingestion of milk infected with *Brucella Abortus* often leads to prolonged illness among children and adults. This biological test normally takes about 6 weeks to perform at the Laboratory and very few reports were received before the end of the year. However, one sample of Tuberculin Tested milk taken at a school was reported to be infected with *Brucella Abortus*. Immediate instructions were issued to two schools which were being supplied with milk from this source, to pasteurise the milk before it was consumed. It is extremely difficult to isolate the infected cow or cows in a herd because these organisms may be excreted in the milk at long infrequent intervals, and a clinical examination of the herd by the Veterinary Inspector might not reveal the offending animal. Tests must therefore be continued until evidence is found to indicate the infected cow, and in the meantime milk from the herd should be diverted for pasteurisation. The District Medical Officer is informed of instances of brucellosis and it is his responsibility to take preventive measures with regard to the consumer.

TABLE 57  
BIOLOGICAL SAMPLING

Type of Milk	Number of Samples Taken	Number Positive	Number Negative
Tuberculin Tested ...	122	—	122
Accredited ... ..	2	—	2
Ungraded ... ..	230	—	230
Pasteurised ... ..	5	—	5
T.T. Pasteurised ...	—	—	—
Totals ... ..	359	—	359

TABLE 58

**BACTERIOLOGICAL SAMPLING**

TYPE OF MILK	METHYLENE BLUE TEST						PHOSPHATASE TEST					
	Number Taken		Number Satisfactory		Number not Satisfactory		Number Taken		Number Satisfactory		Number not Satisfactory	
	P.P.	S.	P.P.	S.	P.P.	S.	P.P.	S.	P.P.	S.	P.P.	S.
Tuberculin Tested	7	39	7	39	—	—	—	—	—	—	—	—
Accredited ...	—	—	—	—	—	—	—	—	—	—	—	—
Ungraded ...	—	35	—	35	—	—	—	—	—	—	—	—
Pasteurised ...	50	137	50	137	—	—	50	147	49	147	1	—
T.T. Pasteurised	50	9	50	9	—	—	50	10	49	10	1	—
Totals ...	107	220	107	220	—	—	100	157	98	157	2	—

P.P.—Taken at Pasteurising Plants

S.—Taken at Schools

TABLE 59

**Pasteurising Establishments**

Number of Premises on Register at beginning of 1953	...	...	...	...	4
Number of Licences granted during the year	...	...	...	...	—
Number of Licences cancelled during the year	...	...	...	...	—
Number on Register at the end of the year	...	...	...	...	4

TABLE 60

**INSPECTION OF PLANT**

Number of Plants	Number of Inspections	Number of Notices Served	Number Complied With
4	73	2	2

G. RICHARDS,  
County Health Officer."



## CHAPTER 13

**CAERNARVONSHIRE CLEAN FOOD ASSOCIATION**

The County Health Officer has prepared this Report on the progress made during 1953.

*" To the County Medical Officer of Health.*

DEAR SIR,

**Report on the Caernarvonshire Clean Food Association**

During the year visible progress in the form of new members is not encouraging but this does not reveal a true picture of the position. During visits to food premises I have seen encouraging signs of improvement. Structural alterations and the implementation of new ideas were much more in evidence this year. It is difficult to assess accurately the amount of work done in this field of prevention, since its nature is not tangible, or for that matter as spectacular as the curative side of public health. For example, a visit to premises involves as a general rule a lengthy discussion with the owner, proprietor or manager. The desire on the part of the owner to discuss food hygiene means that he is interested and the discussion more often than not turns to a matter that is of interest and relating to his premises in particular. Procrastination is often practised even when the urge to improve matters is present, because the means of improvement are not quite clear. On numerous occasions unknown to us a casual hint or remark is later manifest in the work performed. During the year I inspected 160 premises, and made 248 visits.

It was intimated in the last report that new legislation was on the way. The Bill amending the Food and Drugs Act, 1938, will soon be on the Statute Book, and it is hoped that the work of the Association has in some measure helped the traders in the County to progress towards attaining the new standard of requirements. It is regrettable however, that such a large gap exists, in too many instances between present conditions and the legal requirements. The enforcement of Civil Law and Public Health Law varies in differing ways. On the one hand no tolerance is exercised towards an offence, whilst tolerance is often blissfully extravagant on the other.

Public demand can and often does influence the improvement of hygienic practices in food premises. One is sometimes confronted with a cracked cup or a cup still bearing the traces of lipstick or perhaps the fork with the remains of a previous patron's gravy between the prongs. The feeling of repulsion is not always expressed in words to the waitress or management, and furthermore on some occasions not only is no word of reproof uttered but a tip is left. Even though we might be the focus of attention our words of reproach on such occasions should ring out in loud clear tones for all to hear. ' Spitting is Prohibited ' is a notice which is very rarely seen these days and its absence is evidence that we no longer



need this reminder. It is also encouraging to note that very few shopkeepers place spit on their fingers when reaching for wrapping paper and paper bags, whilst the habit of blowing into the bag is also becoming extinct.

It has been said that a case of food poisoning occurs in this country every minute, and that this incidence is increasing. This is a very disturbing thought when one considers the progress-made in other preventive health work. There is also a greater number of food poisoning cases than are reported. Upsets of the stomach accompanied by diarrhoea are often a mild form of food poisoning. The ailment commonly known as a 'Cold on the Stomach' is not caused by exposure to wintry conditions or cold draughts, but due to consuming an article of food or drink contaminated with food bacteria.

There are two main steps in the control of food poisoning, firstly the prevention of contamination, and secondly preventing the multiplication of the bacteria. The state of perfection rarely exists in the best of food premises, and because so many factors are involved, food can become contaminated in a variety of ways and quite often by accident. We can withstand the initial contamination but what we cannot resist is the multiplication of the initial contamination. Temperature control could therefore be used as a last line of defence in preventing the development of the initial contamination. When food, unwittingly, becomes contaminated, if it were placed in a refrigerator the contamination could not assume dangerous proportions since we are able to withstand a few bacteria without ill effects, and these small doses might also serve to increase our degree of immunity.

### **Health Education**

During the year I have given 36 lectures on Food Poisoning at Women's Institute meetings throughout the County. Other lectures have been given on food hygiene to a County meeting of Women of the Voluntary Service and the Soroptomists at Bangor. Upon request I gave a talk to the Caernarvon Young Farmers' Club on the Food and Drugs Act, 1938. I was also invited to attend a conference of the Women's Association in Bangor to answer questions on matters relating to environmental hygiene and the Sanitary Inspectors' duties.

### **School Canteens**

A considerable amount of work has been done to improve conditions at School Canteens and 36 schools have been admitted as members of the Association.

G. RICHARDS."

TABLE 61

**TOTAL MEMBERSHIP AT THE END OF 1953**

Councils	No. of Appli- cations Re- ceived	Number of Certificates Issued							
		Hotels	Cafés	Fish and Chip Shops	Butchers	Fish Mongers	Schools	Grocers	Total
Bangor M.B. ...	2	—	—	—	—	—	2	—	2
Bethesda U.D. ...	1	—	—	—	—	—	1	—	1
Betwsycoed U.D. ...	2	1	—	—	—	—	1	—	2
Caernarvon M.B. ...	17	3	3	1	3	1	2	—	13
Conway M.B. ...	3	—	—	—	—	—	3	—	3
Criccieth U.D. ...	12	2	6	—	1	1	—	2	12
Gwyrfai R.D. ...	12	—	—	—	—	—	12	—	12
Llandudno U.D. ...	2	—	—	—	—	—	2	—	2
Llanfairfechan U.D. ...	—	—	—	—	—	—	—	—	—
Lleyn R.D. ...	9	—	2	—	—	—	7	—	9
Nant Conway R.D. ...	17	6	4	1	—	—	3	—	14
Ogwen R.D. ...	3	—	—	—	1	—	2	—	3
Penmaenmawr U.D. ...	2	—	1	—	—	—	1	—	2
Portmadoc U.D. ...	8	2	4	—	1	—	—	1	8
Pwllheli M.B. ...	—	—	—	—	—	—	—	—	—
Totals ...	90	14	20	2	6	2	36	3	83

Total membership at the end of 1952 ... 57

Number of applications received and certificates granted in 1953 ... 26

Total membership at the end of 1953 ... 83

## CHAPTER 14

**FOOD SUPPLIES**

These are extracts from the report of the Chief Sampling Officer for the year ended March 31st, 1954 :

“ During the year ended 31st March, 1954, a total of 701 samples were taken for the purposes of analysis. They consisted of 540 milks, 155 other foods and 6 drugs. The great majority, viz. 451 of the milk samples, were analysed by the Department and 89 only were sent to the Public Analyst. It will be appreciated that a very substantial saving is effected as a result of the analysing by the Department. I am hoping that this service can be extended still more when the Laboratory facilities at the Caernarvon Office have been provided.

The results throughout the year were exceptionally good and are the best recorded in this County for very many years. The number of prosecutions is the lowest on record and indicates a most welcome and definite improvement in the quality of food offered for sale.

All the sub-standard milks enumerated have been dealt with in my previous quarterly reports. It is, however, interesting to note that most of the deficiencies in fat could have been avoided if there had been better organisation and herd management at the farms. This possibly is an aspect of milk production which has not been given the attention it deserves.

During the year under review we experienced the unusual in the sphere of Food and Drugs legislation. I refer now to the decontrol, and in some instances the complete abandonment, of quality standards in certain food stuffs. It was thought that this would result in a deterioration in the quality of some manufactured foods, but I am glad to be able to report that the foods in this County show that the standard is not only being maintained, but is certainly improving. The information in this connection from other parts of the country is not so encouraging and it still remains to be seen whether the general effect will be an improvement or deterioration in the standard of manufactured meat product, such as sausages, etc. The manufacturers of this County have, however, proved that they are determined to provide a manufactured meat product of high food value.

The samples of Ice Cream taken during the year were of very good standard and in two cases only it was necessary to institute legal proceedings. The setting up of a qualitative standard for this commodity has had the effect of transforming it from being a questionable luxury to a valuable nutritional food. When sampling Ice Cream a great improvement had been noted in its mode of manufacture, storage and distribution.

**Samples Found to be Not Genuine**

	<i>Result of Analysis</i>				<i>No. of Samples</i>
<b>MILK</b>					
Containing 2.9 per cent added water	...	...	...	...	1
Containing 3.4 per cent added water	...	...	...	...	1
0 to 5 per cent deficient in fat	...	...	...	...	1
5 to 10 per cent deficient in fat	...	...	...	...	7
10 to 15 per cent deficient in fat	...	...	...	...	3
15 to 20 per cent deficient in fat	...	...	...	...	2
45 per cent deficient in fat ...	...	...	...	...	1
63 to 65 per cent deficient in fat	...	...	...	...	2
81.7 per cent deficient in fat	...	...	...	...	1
Badly pasteurised milk or milk containing raw milk	...	...	...	...	1
Deficiency in solids not fat	...	...	...	...	23
<b>OTHER COMMODITIES</b>					
Ice cream—15 per cent deficient in fat	...	...	...	...	1
Ice cream—39 per cent deficient in fat	...	...	...	...	1
Gin—11 per cent added water	...	...	...	...	1
Cascara—excessive insoluble mineral matter	...	...	...	...	2

**Other Food Samples Analysed and Found Genuine were**

Milk (495), Ice Cream (14), Spirits (21), Cream (6), Sausage (6), Black Pudding (1), Jelly (5), Sweet (7), Dried Fruit (12), Jam (4), Fish and Meat Paste (8), Mincemeat (5), Coffee (3), Rice (4), Tapioca (3), Baking Powder (2), Bread (2), Flour (2), Cooking Fat (2), Corn Flour (2), Cake and Pudding Mixture (5), Vinegar (1), Ground Almonds (2), Flavouring Essence (3), Pepper (1), Suet (2), Honey (1), Soft Brown Sugar (1), Pork Pie (1), Tinned Fruit (1), Tinned Vegetable (1), Lemonade Crystals (3), Buttered Beans (1), Glucose (1), Mixed Herbs (1), Stewed Steak (1), Mint Sauce (1), Meringue Powder (1), Gelatine (1), Barley (1), Aspirin (1).



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